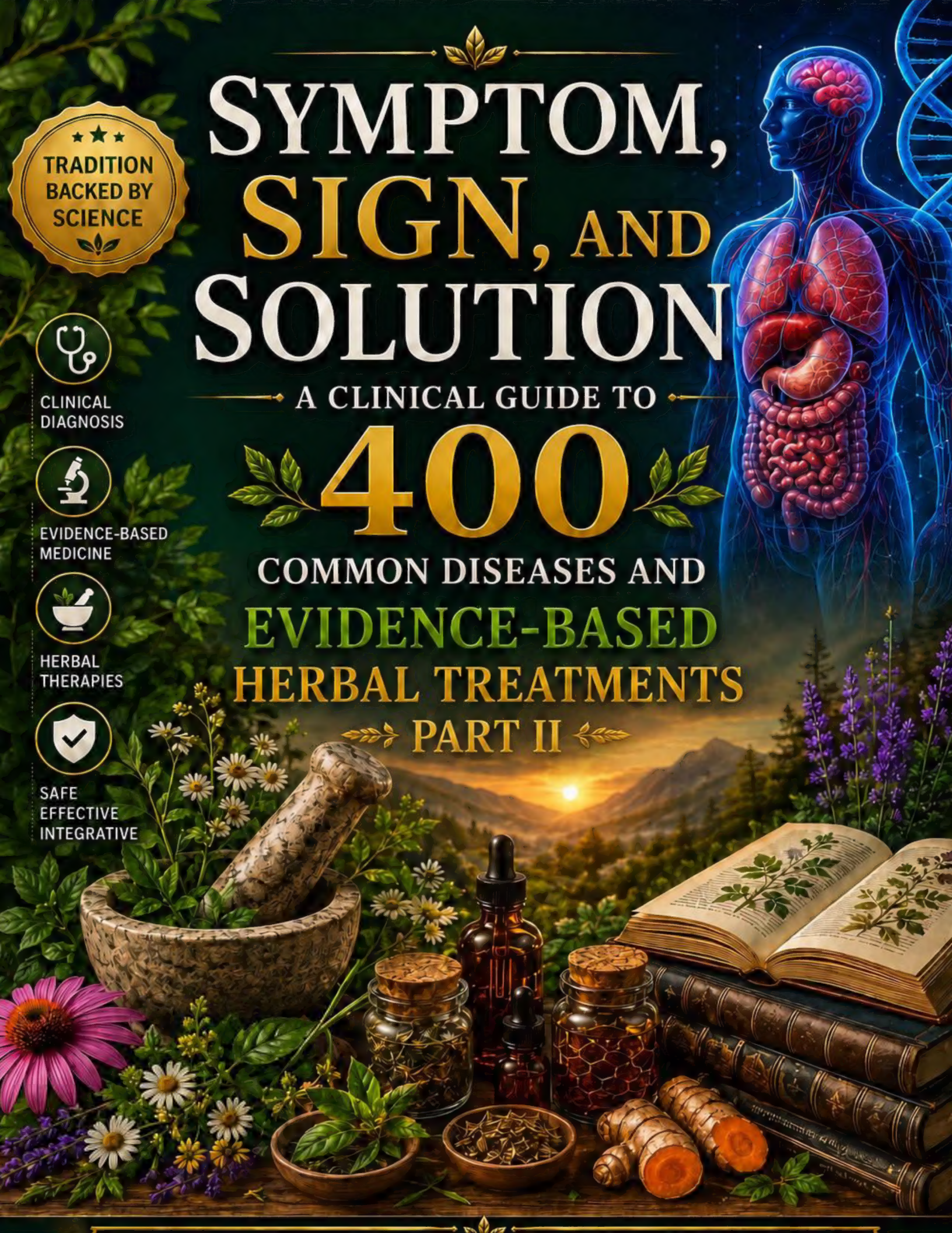

SYMPTOM, SIGN, AND SOLUTION

A CLINICAL GUIDE TO 400 COMMON DISEASES AND EVIDENCE-BASED HERBAL TREATMENTS

PART II

TRADITION BACKED BY SCIENCE

SYMPTOM, SIGN, AND SOLUTION

A CLINICAL GUIDE TO 400 COMMON DISEASES AND EVIDENCE-BASED HERBAL TREATMENTS

PART II

CLINICAL DIAGNOSIS

EVIDENCE-BASED MEDICINE

HERBAL THERAPIES

SAFE, EFFECTIVE & INTEGRATIVE

PROF. DR. OMAR M. SABRY

Symptom, Sign, and Solution: A Clinical Guide to 400 Common Diseases and Evidence-Based Herbal Treatments

Part II

Clinical note: Herbal interventions are adjunctive and do not replace diagnosis, emergency care, surgery, antimicrobial therapy, oncology protocols, endocrine replacement, anticoagulation, or other standard medical treatment when indicated. Doses are typical adult ranges and require individualization.

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Alphabetically Arranged 400-Diseases

101. Common Cold (Viral Upper Respiratory Infection)

Symptoms: Sneezing, sore throat, rhinorrhea, cough, mild fever, fatigue.

Physical diagnosis: ENT examination, temperature assessment.

Lab diagnosis: Usually clinical; viral testing if indicated.

Herbs used (most effective): Echinacea; Elderberry; Ginger; Thyme; Peppermint; Licorice; Marshmallow root; Turmeric; Garlic; Lemon balm.

Active phytochemicals: Alkylamides; anthocyanins; gingerols; thymol; menthol; glycyrrhizin; mucilage; curcuminoids; allicin; rosmarinic acid.

Mechanism: Antiviral, immune-supportive, anti-inflammatory and symptom-relieving effects.

Dose: Elderberry syrup/extract 5–15 mL 2–4 times/day short-term or standardized extract per label; Echinacea standardized extract short-term (typically 300–500 mg 2–3 times/day or per label); Ginger tea 1–3 cups/day or extract 250–500 mg 1–3 times/day; Thyme tea prepared from 1–2 g dried herb infused 2–3 times/day; Peppermint tea 1–3 cups/day; Marshmallow root infusion 1–3 cups/day; Garlic extract 600–1,200 mg/day; Turmeric 500–1,000 mg/day; Lemon balm tea 1–2 cups/day.

Method of use: Oral symptomatic respiratory support using warm teas, infusions, syrups and gargles during the acute phase; combine with hydration, rest, steam inhalation and supportive medical care when necessary. Best used short-term at onset of symptoms.

Contraindications: Autoimmune disease, transplant patients or immunosuppressive therapy caution with echinacea; uncontrolled hypertension, edema or renal disease caution with non-DGL licorice; severe fever, dyspnea, chest pain, persistent symptoms or suspected pneumonia requires medical evaluation.

Interactions: Echinacea may interact with immunosuppressants; ginger, turmeric and garlic may increase bleeding risk with anticoagulants/antiplatelets; licorice may interact with antihypertensives, corticosteroids and diuretics; peppermint may aggravate GERD in sensitive individuals.

Evidence: Moderate supportive evidence for elderberry and echinacea in reducing cold duration/severity; monograph-supported evidence for thyme and ginger in cough and respiratory symptom relief; supportive evidence for marshmallow root and licorice in throat soothing and cough reduction.

102. Constipation-Predominant IBS (IBS-C)

Symptoms: Abdominal pain, constipation, bloating, bowel irregularity.

Physical diagnosis: Abdominal assessment.

Lab diagnosis: Stool tests, colonoscopy if red flags.

Herbs used (most effective): Psyllium; Peppermint; Ginger; Chamomile; Fennel; Slippery elm; Marshmallow root; Turmeric; Lemon balm; Flaxseed.

Mechanism: Gut motility support, antispasmodic effects and bowel regularity.

Dose: Psyllium 5–10 g/day with water; Peppermint oil enteric capsules per label; Ginger tea 1–3 cups/day; Flaxseed 1–2 tablespoons/day.

Method of use: Oral bowel-regulating support with adequate hydration and dietary fiber.

Contraindications: Bowel obstruction, severe abdominal pain, unexplained weight loss or rectal bleeding require medical evaluation.

Interactions: Psyllium may reduce drug absorption; separate medicines by at least 2 hours. Peppermint may worsen GERD.

Evidence: Strong evidence for psyllium; moderate evidence for peppermint oil in IBS symptoms.

103. Contact Dermatitis

Symptoms: Itching, redness, rash, skin irritation.

Physical diagnosis: Skin examination, trigger identification.

Lab diagnosis: Patch testing if recurrent.

Herbs used (most effective): Calendula; Chamomile; Aloe vera; Licorice; Oat straw; Lavender; Witch hazel; Neem; Turmeric; Green tea.

Mechanism: Skin barrier repair, anti-inflammatory and soothing effects.

Evidence: Moderate supportive evidence for calendula and chamomile.

Dose: Calendula cream/ointment 1–3 times/day; Aloe vera gel thin layer 1–3 times/day; Chamomile compress 1–2 times/day; Licorice topical preparation per label.

Method of use: Topical-first supportive care; avoid the triggering allergen/irritant.

Contraindications: Severe blistering, spreading infection, facial/eye involvement or anaphylaxis requires urgent care.

Interactions: Minimal systemic interaction with topical use; allergy possible with Asteraceae herbs such as chamomile/calendula.

Evidence: Supportive to moderate evidence for calendula, aloe vera and chamomile in skin inflammation and wound repair.

104. Coronary Artery Disease (Supportive Care)

Symptoms: Chest pain, dyspnea, fatigue, exertional intolerance.

Physical diagnosis: Cardiovascular examination.

Lab diagnosis: ECG, stress test, lipid profile.

Herbs used (most effective): Hawthorn; Garlic; Green tea; Hibiscus; Turmeric; Olive leaf; Flaxseed; Ginkgo; Cocoa flavanols; Pomegranate.

Mechanism: Endothelial support, lipid lowering and antioxidant cardioprotection.

Evidence: Moderate evidence for hawthorn and garlic.

Dose: Garlic extract 600–1,200 mg/day; Hawthorn standardized extract per label; Green tea 1–3 cups/day; Flaxseed 1–2 tablespoons/day.

Method of use: Oral adjunctive cardiometabolic support with prescribed cardiovascular therapy, diet and exercise.

Contraindications: Acute chest pain, dyspnea, syncope or suspected myocardial infarction requires emergency care.

Interactions: Garlic, ginkgo, ginger and turmeric may increase bleeding risk with antiplatelets/anticoagulants; hawthorn may interact with cardiac drugs.

Evidence: Moderate supportive evidence for garlic, hawthorn, green tea and flaxseed in cardiometabolic risk reduction.

105. Crohn Disease (Supportive Care)

Symptoms: Abdominal pain, diarrhea, weight loss, fatigue.

Physical diagnosis: Abdominal tenderness.

Lab diagnosis: Colonoscopy, CRP, fecal calprotectin.

Herbs used (most effective): Turmeric; Chamomile; Marshmallow root; Slippery elm; Aloe vera; Ginger; Boswellia; Peppermint; Licorice DGL; Green tea.

Mechanism: Gut inflammation reduction and mucosal support.

Dose: Curcumin 500–1,000 mg/day; Boswellia 300–500 mg 2–3 times/day; Chamomile tea 1–3 cups/day; Marshmallow/slippery elm mucilage preparations per label.

Method of use: Oral gut-supportive adjunct only; continue gastroenterology-directed treatment.

Contraindications: Severe flare, bleeding, fever, obstruction symptoms or weight loss requires

urgent specialist care.

Interactions: Turmeric/ginger may increase bleeding risk; mucilage herbs may reduce absorption of medicines.

Evidence: Moderate supportive evidence for curcumin and Boswellia; supportive mucosal evidence for demulcent herbs.

106. Cystitis

Symptoms: Dysuria, urinary urgency, suprapubic pain, frequency.

Physical diagnosis: Bladder tenderness.

Lab diagnosis: Urinalysis and urine culture.

Herbs used (most effective): Cranberry; Corn silk; Marshmallow root; Uva ursi; Garlic; Ginger; Turmeric; Parsley; Chamomile; Nettle.

Mechanism: Antimicrobial and urinary tract soothing support.

Dose: Cranberry standardized extract or juice per label; Corn silk tea 1–3 cups/day; Marshmallow root infusion; Uva ursi short-term only per label.

Method of use: Oral urinary-tract supportive care with hydration; urine culture if symptoms persist.

Contraindications: Fever, flank pain, pregnancy, hematuria or recurrent infection requires medical care. Avoid uva ursi in pregnancy, kidney disease and long-term use.

Interactions: Cranberry may affect warfarin; diuretic herbs may interact with diuretics/antihypertensives.

Evidence: Moderate evidence for cranberry in UTI prevention; supportive evidence for urinary demulcents.

107. Deep Vein Thrombosis (Supportive Prevention Only)

Symptoms: Leg swelling, pain, redness, warmth.

Physical diagnosis: Limb assessment.

Lab diagnosis: Doppler ultrasound, D-dimer.

Herbs used (most effective): Garlic; Ginger; Turmeric; Ginkgo; Hawthorn; Grape seed; Green tea; Cocoa flavanols; Cinnamon; Pomegranate.

Mechanism: Endothelial and circulatory support.

Dose: Garlic extract 600–1,200 mg/day; Ginger tea/extract per label; Green tea 1–2 cups/day; Grape seed extract per label.

Method of use: Cardiovascular-supportive prevention only; not treatment for active DVT.

Contraindications: Suspected DVT, unilateral leg swelling, chest pain or dyspnea requires emergency evaluation.

Interactions: High interaction risk with anticoagulants/antiplatelets; avoid combining without physician supervision.

Evidence: Supportive cardiovascular evidence only; anticoagulation remains standard of care.

108. Dementia (Supportive Care)

Symptoms: Memory loss, cognitive decline, confusion.

Physical diagnosis: Cognitive testing.

Lab diagnosis: MRI, B12, thyroid tests.

Herbs used (most effective): Ginkgo; Bacopa; Sage; Lemon balm; Turmeric; Rosemary; Lavender; Green tea; Ashwagandha; Saffron.

Mechanism: Neuroprotection and cognitive support.

Evidence: Moderate evidence for ginkgo and saffron.

Dose: Ginkgo 120–240 mg/day; Bacopa 300 mg/day standardized extract; Saffron 20–30 mg/day; Lemon balm tea/extract per label.

Method of use: Oral cognitive-supportive adjunct with neurologic care and caregiver monitoring.

Contraindications: Rapid cognitive decline, delirium or new neurologic deficit requires medical evaluation.

Interactions: Ginkgo may increase bleeding risk; sedative herbs may interact with CNS depressants.

Evidence: Moderate supportive evidence for ginkgo and saffron; supportive evidence for Bacopa and lemon balm.

109. Depression (Supportive Care)

Symptoms: Low mood, fatigue, insomnia, poor concentration.

Physical diagnosis: Psychiatric assessment.

Lab diagnosis: TSH, B12, CBC.

Herbs used (most effective): St. John's wort; Saffron; Ashwagandha; Rhodiola; Chamomile; Lavender; Lemon balm; Holy basil; Green tea; Ginseng.

Active phytochemicals: Hypericin; hyperforin; crocin; safranal; withanolides; rosavins; apigenin; linalool; rosmarinic acid; eugenol; catechins; ginsenosides.

Mechanism: Mood regulation, anxiolytic and adaptogenic effects through modulation of serotonin, dopamine, GABAergic signaling, HPA-axis regulation and oxidative stress reduction.

Dose: Saffron 20–30 mg/day; St. John's wort standardized extract 300 mg 2–3 times/day or per label; Ashwagandha 300–600 mg/day; Rhodiola 200–400 mg/day; Chamomile tea 1–3 cups/day; Lavender oil preparation 80 mg/day or aromatherapy; Lemon balm tea/extract 1–2 times/day; Holy basil tea 1–2 cups/day; Green tea 1–2 cups/day; Ginseng 200–400 mg/day.

Method of use: Oral adjunctive mood support only and should be used with psychiatric supervision; best combined with psychotherapy, sleep optimization, exercise and nutritional support. Use cautiously and short-term initially while monitoring mood changes.

Contraindications: Suicidal ideation, bipolar disorder, psychosis, severe depression or worsening symptoms require urgent psychiatric care. St. John's wort should be avoided in bipolar disorder due to risk of mania induction. Excess caffeine sensitivity caution with green tea.

Interactions: St. John's wort has major interactions with antidepressants (risk of serotonin syndrome), oral contraceptives, anticoagulants, immunosuppressants, antiretrovirals and many CYP-metabolized drugs; ashwagandha may enhance sedatives or thyroid medications; ginseng may interact with anticoagulants and stimulants.

Evidence: Moderate evidence for saffron and St. John's wort in mild-to-moderate depression; supportive evidence for ashwagandha and rhodiola in stress-associated depressive symptoms; supportive anxiolytic evidence for chamomile and lavender.

110. Dermatitis

Symptoms: Itching, redness, inflammation, scaling.

Physical diagnosis: Skin assessment.

Lab diagnosis: Allergy testing if recurrent.

Herbs used (most effective): Calendula; Aloe vera; Chamomile; Licorice; Oat straw; Lavender; Neem; Witch hazel; Turmeric; Green tea.

Mechanism: Skin repair and inflammation reduction.

Dose: Calendula cream/ointment 1–3 times/day; Aloe vera gel thin layer 1–3 times/day; Chamomile compress; Oat bath/colloidal oat preparations per label.

Method of use: Topical skin-barrier support; avoid irritants and allergens.

Contraindications: Infected, weeping, rapidly spreading or severe dermatitis requires medical care.

Interactions: Minimal topical interactions; allergy possible with chamomile/calendula.

Evidence: Supportive to moderate evidence for calendula, aloe vera, oat and chamomile in inflammatory skin conditions.

111. Diabetic Neuropathy

Symptoms: Numbness, tingling, burning pain, weakness, sensory loss in extremities.

Physical diagnosis: Neurologic examination, vibration and sensation testing, foot examination.

Lab diagnosis: HbA1c, fasting glucose, B12, nerve conduction studies if indicated.

Herbs used (most effective): Turmeric; Ginger; Alpha-lipoic acid–supportive botanicals (Green tea); Evening primrose oil; Ginkgo; Ashwagandha; Cinnamon; Fenugreek; Black seed (*Nigella sativa*); Chamomile.

Active phytochemicals: Curcuminoids; gingerols; catechins; gamma-linolenic acid; ginkgolides; withanolides; cinnamaldehyde; diosgenin; thymoquinone; apigenin.

Mechanism: Neuroprotection, oxidative stress reduction, glycemic support, microcirculatory enhancement and inflammation reduction.

Dose: Curcumin 500–1,000 mg/day; Ginkgo 120–240 mg/day; Black seed oil 1–2 tsp/day; Cinnamon extract per label.

Method of use: Adjunctive support only with glycemic control.

Contraindications: Foot ulcers or severe neuropathy require specialist care.

Interactions: Antidiabetics, anticoagulants.

Evidence: Moderate supportive evidence for curcumin and black seed in diabetic complications.

112. Chronic Diarrhea

Symptoms: Frequent loose stools, abdominal pain, bloating, dehydration.

Physical diagnosis: Hydration status, abdominal assessment.

Lab diagnosis: Stool culture, colonoscopy if persistent, inflammatory markers.

Herbs used (most effective): Chamomile; Peppermint; Ginger; Psyllium; Slippery elm; Marshmallow root; Turmeric; Cinnamon; Blackberry leaf; Licorice DGL.

Active phytochemicals: Apigenin; menthol; gingerols; soluble fiber; mucilage; curcuminoids; cinnamaldehyde; tannins; glycyrrhizin.

Mechanism: Gut soothing, stool normalization, antispasmodic and anti-inflammatory effects.

Dose: Psyllium 5–10 g/day; Chamomile tea; Ginger extract 250–500 mg/day.

Method of use: Oral GI support with hydration.

Contraindications: Bloody diarrhea or dehydration requires urgent care.

Interactions: Psyllium affects drug absorption.

Evidence: Moderate evidence for psyllium and peppermint.

113. Diverticulitis (Supportive Care)

Symptoms: Abdominal pain (usually LLQ), fever, bloating, bowel habit changes.

Physical diagnosis: Abdominal tenderness, fever assessment.

Lab diagnosis: CBC, CRP, CT abdomen.

Herbs used (most effective): Chamomile; Ginger; Peppermint; Marshmallow root; Slippery elm; Turmeric; Aloe vera; Fennel; Licorice DGL; Green tea.

Active phytochemicals: Apigenin; gingerols; menthol; mucilage; curcuminoids; acemannan; anethole; glycyrrhizin; catechins.

Mechanism: Anti-inflammatory, gut soothing and digestive support.

Dose: Chamomile tea; Ginger tea; Turmeric 500 mg/day.

Method of use: Strictly adjunctive support only; antibiotics/surgery when indicated.

Contraindications: Acute severe abdominal pain or fever requires urgent care.

Interactions: Anticoagulants and antibiotics caution.

Evidence: Supportive GI evidence only.

114. Dry Eye Syndrome

Symptoms: Eye dryness, irritation, redness, burning, blurred vision.

Physical diagnosis: Tear-film assessment, ophthalmologic examination.

Lab diagnosis: Schirmer test if indicated.

Herbs used (most effective): Bilberry; Eyebright; Green tea; Chamomile; Flaxseed; Sea buckthorn; Turmeric; Ginkgo; Aloe vera; Goji berry.

Active phytochemicals: Anthocyanins; tannins; catechins; apigenin; omega fatty acids; carotenoids; curcuminoids; ginkgolides; acemannan; zeaxanthin.

Mechanism: Ocular lubrication support, antioxidant protection and inflammation reduction.

Dose: Flaxseed 1–2 tbsp/day; Bilberry extract 80–160 mg/day.

Method of use: Supportive care with lubricating eye drops.

Contraindications: Vision loss or severe pain requires urgent ophthalmology review.

Interactions: Ginkgo caution with anticoagulants.

Evidence: Supportive evidence for omega-rich botanicals.

115. Dyslipidemia

Symptoms: Usually asymptomatic; cardiovascular risk signs.

Physical diagnosis: BP, BMI and cardiovascular assessment.

Lab diagnosis: Lipid profile, HbA1c, liver function.

Herbs used (most effective): Garlic; Green tea; Fenugreek; Flaxseed; Turmeric; Hibiscus; Olive leaf; Guggul; Hawthorn; Pomegranate.

Active phytochemicals: Allicin; catechins; soluble fiber; lignans; curcuminoids; anthocyanins; oleuropein; guggulsterones; flavonoids; punicalagins.

Mechanism: Lipid lowering, antioxidant activity and endothelial protection.

Dose: Garlic 600–1,200 mg/day; Flaxseed 1–2 tbsp/day; Green tea 1–3 cups/day.

Method of use: Adjunctive cardiometabolic support.

Contraindications: Liver disease caution with some extracts.

Interactions: Statins, anticoagulants and antidiabetics.

Evidence: Moderate evidence for garlic, flaxseed and green tea.

116. Dysmenorrhea

Symptoms: Menstrual cramps, pelvic pain, nausea, fatigue.

Physical diagnosis: Pelvic examination if severe.

Lab diagnosis: Ultrasound if secondary causes suspected.

Herbs used (most effective): Ginger; Cinnamon; Fennel; Chamomile; Turmeric; Chasteberry; Raspberry leaf; Cramp bark; Lavender; Evening primrose oil.

Active phytochemicals: Gingerols; cinnamaldehyde; anethole; apigenin; curcuminoids; iridoids; tannins; scopoletin; linalool; gamma-linolenic acid.

Mechanism: Prostaglandin reduction, antispasmodic and anti-inflammatory effects.

Dose: Ginger 250–500 mg 2–3 times/day during menses; Cinnamon tea; Fennel extract.

Method of use: Oral supportive care during menstruation.

Contraindications: Severe bleeding requires evaluation.

Interactions: Anticoagulants caution.

Evidence: Strongest evidence for ginger and fennel.

117. Dyspepsia (Indigestion)

Symptoms: Upper abdominal discomfort, bloating, fullness, nausea.

Physical diagnosis: Abdominal examination.

Lab diagnosis: *H. pylori* test, endoscopy if persistent.

Herbs used (most effective): Peppermint; Ginger; Chamomile; Lemon balm; Fennel; Licorice DGL; Turmeric; Cinnamon; Marshmallow root; Artichoke.

Active phytochemicals: Menthol; gingerols; apigenin; rosmarinic acid; anethole; glycyrrhizin; curcuminoids; cinnamaldehyde; mucilage; cynarin.

Mechanism: Antispasmodic, gastric soothing and digestive stimulation.

Dose: Peppermint tea/oil capsules per label; Ginger extract 250–500 mg/day or tea 1–3 cups/day; Chamomile tea 1–3 cups/day; Licorice DGL before meals; Artichoke extract per label.

Method of use: Oral digestive support taken before or after meals depending symptoms; combine with dietary modification and avoidance of trigger foods.

Contraindications: Severe abdominal pain, vomiting, GI bleeding, unexplained weight loss or persistent symptoms require medical evaluation. Peppermint may worsen reflux/GERD.

Interactions: Licorice may interact with antihypertensives and diuretics; ginger/turmeric may increase bleeding risk with anticoagulants; mucilage herbs may reduce drug absorption if taken simultaneously.

Evidence: Moderate evidence for peppermint and ginger; supportive evidence for chamomile, artichoke and licorice DGL in functional dyspepsia.

118. Dyspnea (Supportive Care)

Symptoms: Shortness of breath, chest tightness, fatigue.

Physical diagnosis: Respiratory examination, oxygen saturation assessment.

Lab diagnosis: Chest X-ray, spirometry, ECG.

Herbs used (most effective): Thyme; Ivy leaf; Licorice; Ginger; Mullein; Eucalyptus; Peppermint; Boswellia; Elderberry; Turmeric.

Active phytochemicals: Thymol; hederacosides; glycyrrhizin; gingerols; mucilage; cineole; menthol; boswellic acids; anthocyanins; curcuminoids.

Mechanism: Bronchodilator, anti-inflammatory, expectorant and respiratory support.

Dose: Thyme tea 1–3 cups/day; Ivy leaf syrup per label; Ginger tea or extract 250–500 mg/day; Boswellia 300–500 mg/day; Eucalyptus steam inhalation cautiously.

Method of use: Adjunctive respiratory support only; used alongside medical management of the underlying cause.

Contraindications: Severe dyspnea, cyanosis, chest pain or low oxygen saturation requires emergency care. Avoid eucalyptus oil internally.

Interactions: Licorice may interact with antihypertensives/diuretics; ginger/turmeric may increase bleeding risk; sedative interactions possible with some respiratory medications.

Evidence: Supportive evidence for thyme and ivy in respiratory mucus clearance and cough-related breathlessness.

119. Ear Infection (Otitis)

Symptoms: Ear pain, fever, hearing reduction, discharge.

Physical diagnosis: Otoscopy.

Lab diagnosis: Usually clinical.

Herbs used (most effective): Garlic; Chamomile; Calendula; Mullein; Ginger; Turmeric; Echinacea; Elderberry; Thyme; Green tea.

Active phytochemicals: Allicin; apigenin; triterpenoids; mucilage; gingerols; curcuminoids; alkylamides; anthocyanins; thymol; catechins.

Mechanism: Antimicrobial, anti-inflammatory and immune-supportive effects.

Dose: Ginger or chamomile tea; Garlic extract per label; Elderberry syrup short-term; physician-approved herbal ear preparations only.

Method of use: Adjunctive support only; hydration and pain management while following medical treatment.

Contraindications: Ear discharge, high fever, severe pain, mastoid swelling or suspected eardrum perforation requires urgent medical care. Never place oils in the ear unless medically approved.

Interactions: Echinacea may interact with immunosuppressants; ginger/turmeric may increase bleeding risk.

Evidence: Supportive evidence for anti-inflammatory and immune-supportive botanicals; antibiotics remain standard when indicated.

120. Eczema (Atopic Dermatitis)

Symptoms: Dry itchy inflamed skin, erythema, scaling.

Physical diagnosis: Skin assessment.

Lab diagnosis: Allergy testing if severe.

Herbs used (most effective): Chamomile; Calendula; Aloe vera; Licorice; Oat straw; Evening primrose oil; Neem; Lavender; Witch hazel; Turmeric.

Active phytochemicals: Apigenin; triterpenoids; acemannan; glycyrrhizin; avenanthramides; gamma-linolenic acid; limonoids; linalool; tannins; curcuminoids.

Mechanism: Barrier repair, anti-inflammatory and itch reduction.

Dose: Aloe gel topical; Calendula cream; Evening primrose oil per label.

Method of use: Topical-first supportive care.

Contraindications: Secondary infection requires evaluation.

Interactions: Minimal topical interactions.

Evidence: Moderate supportive evidence for evening primrose and chamomile.

121. Edema

Symptoms: Swelling of legs, hands or face, heaviness, tight skin.

Physical diagnosis: Pitting edema assessment, cardiovascular and renal examination.

Lab diagnosis: Kidney/liver function, albumin, echocardiography if indicated.

Herbs used (most effective): Dandelion; Nettle; Parsley; Corn silk; Green tea; Ginger; Turmeric; Hawthorn; Horse chestnut; Gotu kola.

Active phytochemicals: Sesquiterpene lactones; flavonoids; apiol; mucilage; catechins; gingerols; curcuminoids; oligomeric procyanidins; aescin; asiaticoside.

Mechanism: Mild diuretic effects, venous support, endothelial protection and inflammation reduction.

Dose: Dandelion tea 2–3 times/day; Nettle infusion; Horse chestnut standardized extract.

Method of use: Supportive care only; underlying cause must be evaluated.

Contraindications: Heart failure, severe renal disease or sudden edema require urgent care.

Interactions: Diuretics, antihypertensives, anticoagulants.

Evidence: Moderate supportive evidence for horse chestnut in venous edema.

122. Endometriosis

Symptoms: Pelvic pain, dysmenorrhea, dyspareunia, infertility, fatigue.

Physical diagnosis: Pelvic tenderness, gynecologic examination.

Lab diagnosis: Ultrasound, MRI, laparoscopy if indicated.

Herbs used (most effective): Turmeric; Ginger; Chasteberry; Cinnamon; Fennel; Chamomile; Dong quai; Raspberry leaf; Cramp bark; Green tea.

Active phytochemicals: Curcuminoids; gingerols; flavonoids; cinnamaldehyde; anethole; apigenin; ferulic acid; tannins; scopoletin; catechins.

Mechanism: Anti-inflammatory, prostaglandin modulation, hormonal support and pain reduction.

Dose: Curcumin 500–1,000 mg/day; Ginger 250–500 mg 2–3 times/day; Fennel tea.

Method of use: Adjunctive gynecologic support only.

Contraindications: Pregnancy and hormone-sensitive disorders caution.

Interactions: Hormonal therapy and anticoagulants.

Evidence: Moderate supportive evidence for curcumin and ginger.

123. Enlarged Prostate (BPH)

Symptoms: Weak urine stream, nocturia, hesitancy, incomplete bladder emptying.

Physical diagnosis: Prostate examination.

Lab diagnosis: PSA, urinalysis, ultrasound if needed.

Herbs used (most effective): Saw palmetto; Pygeum; Nettle root; Pumpkin seed; Rye grass pollen; Green tea; Turmeric; Cranberry; Lycopene-rich tomato adjunct; Garlic.

Active phytochemicals: Phytosterols; ferulic esters; lignans; cucurbitin; catechins; curcuminoids; proanthocyanidins; carotenoids; allicin.

Mechanism: 5α-reductase modulation, urinary-flow improvement and anti-inflammatory effects.

Dose: Saw palmetto 320 mg/day; Pygeum 100–200 mg/day.

Method of use: Oral urinary-supportive adjunct.

Contraindications: Acute urinary retention requires urgent care.

Interactions: Hormonal therapies and anticoagulants.

Evidence: Moderate evidence for saw palmetto and pygeum.

124. Epilepsy (Supportive Care)

Symptoms: Seizures, altered awareness, muscle jerking, confusion.

Physical diagnosis: Neurologic examination.

Lab diagnosis: EEG, MRI brain, metabolic testing.

Herbs used (most effective): Chamomile; Lemon balm; Lavender; Passionflower; Skullcap; Ashwagandha; Bacopa; Turmeric; Holy basil; Valerian (caution).

Active phytochemicals: Apigenin; rosmarinic acid; linalool; flavonoids; baicalin; withanolides; bacosides; curcuminoids; eugenol; valerenic acids.

Mechanism: Neuroprotection, anxiolytic support and oxidative stress reduction.

Dose: Chamomile tea; Bacopa 300 mg/day; Turmeric 500 mg/day.

Method of use: Strictly adjunctive only; anticonvulsants remain essential.

Contraindications: Uncontrolled seizures require urgent neurologic care.

Interactions: Antiepileptics and sedatives.

Evidence: Limited supportive evidence only.

125. Erectile Dysfunction

Symptoms: Difficulty achieving or maintaining erection, reduced sexual performance.

Physical diagnosis: Cardiovascular and endocrine assessment.

Lab diagnosis: Testosterone, glucose, lipid profile.

Herbs used (most effective): Ginseng; Maca; Ginkgo; Tribulus; Ashwagandha; Saffron; Fenugreek; Garlic; Ginger; Horny goat weed.

Active phytochemicals: Ginsenosides; macamides; ginkgolides; protodioscin; withanolides; crocin; diosgenin; allicin; gingerols; icariin.

Mechanism: Nitric oxide enhancement, endothelial support and libido improvement.

Dose: Ginseng 200–400 mg/day; Maca 1.5–3 g/day; Saffron 20–30 mg/day.

Method of use: Adjunctive sexual-health support.

Contraindications: Cardiovascular instability.

Interactions: PDE5 inhibitors, antihypertensives and anticoagulants.

Evidence: Moderate evidence for ginseng and saffron.

126. Esophagitis

Symptoms: Heartburn, painful swallowing, chest discomfort, reflux.

Physical diagnosis: ENT/abdominal examination.

Lab diagnosis: Endoscopy if persistent.

Herbs used (most effective): Licorice DGL; Marshmallow root; Slippery elm; Chamomile; Ginger; Aloe vera; Peppermint (caution); Lemon balm; Turmeric; Fennel.

Active phytochemicals: Glycyrrhizin; mucilage; apigenin; gingerols; acemannan; menthol; rosmarinic acid; curcuminoids; anethole.

Mechanism: Mucosal protection, anti-inflammatory and soothing effects.

Dose: DGL before meals; Marshmallow infusion; Chamomile tea.

Method of use: GI-supportive care.

Contraindications: Dysphagia or bleeding requires urgent evaluation.

Interactions: Antihypertensives and anticoagulants.

Evidence: Moderate supportive evidence for DGL.

127. Essential Hypertension

Symptoms: Often asymptomatic; headache, dizziness, fatigue.

Physical diagnosis: Repeated BP measurements, cardiovascular examination.

Lab diagnosis: Kidney function, ECG, lipid profile.

Herbs used (most effective): Hibiscus; Garlic; Hawthorn; Olive leaf; Green tea; Flaxseed; Ginger; Turmeric; Cocoa flavanols; Beetroot adjunct.

Active phytochemicals: Anthocyanins; allicin; procyanidins; oleuropein; catechins; lignans; gingerols; curcuminoids; flavanols; nitrates.

Mechanism: Vasodilation, endothelial support, ACE modulation and antioxidant effects.

Dose: Hibiscus tea 1–2 cups/day; Garlic 600–1,200 mg/day.

Method of use: Adjunctive cardiovascular support.

Contraindications: Hypertensive emergency requires urgent care.

Interactions: Antihypertensives and anticoagulants.

Evidence: Moderate evidence for hibiscus and garlic.

128. Eye Strain

Symptoms: Eye fatigue, blurred vision, headache, dryness.

Physical diagnosis: Vision assessment.

Lab diagnosis: Eye examination if persistent.

Herbs used (most effective): Bilberry; Eyebright; Chamomile; Green tea; Goji berry; Saffron; Ginkgo; Rosemary; Turmeric; Aloe vera.

Active phytochemicals: Anthocyanins; tannins; apigenin; catechins; zeaxanthin; crocin; ginkgolides; rosmarinic acid; curcuminoids; acemannan.

Mechanism: Ocular antioxidant support, microcirculatory enhancement, retinal protection and eye-soothing effects.

Dose: Bilberry extract 80–160 mg/day; Saffron 20–30 mg/day; Green tea 1–2 cups/day; Chamomile compress externally as needed; Ginkgo 120 mg/day if appropriate.

Method of use: Oral antioxidant support with rest breaks, screen hygiene and ophthalmic evaluation when persistent; chamomile may be used externally as a cooled compress only if sterile and well tolerated.

Contraindications: Eye pain, sudden vision loss, severe redness, trauma or persistent blurred vision requires urgent ophthalmologic evaluation. Avoid non-sterile herbal drops directly inside the eye.

Interactions: Ginkgo may increase bleeding risk with anticoagulants/antiplatelets; green tea extract may interact with warfarin and hepatotoxic drugs; turmeric may increase bleeding risk.

Evidence: Supportive evidence for bilberry and saffron; supportive antioxidant evidence for green tea, goji berry and turmeric in ocular fatigue and retinal stress.

129. Fatty Liver Disease (NAFLD)

Symptoms: Fatigue, abdominal discomfort, elevated liver enzymes.

Physical diagnosis: Hepatic tenderness, obesity assessment.

Lab diagnosis: ALT/AST, ultrasound, FibroScan.

Herbs used (most effective): Milk thistle; Turmeric; Green tea; Ginger; Artichoke; Schisandra; Garlic; Dandelion; Licorice; Rosemary.

Active phytochemicals: Silymarin; curcuminoids; catechins; gingerols; cynarin; schisandrins; allicin; sesquiterpenes; glycyrrhizin; rosmarinic acid.

Mechanism: Hepatoprotection, lipid reduction and oxidative stress suppression.

Dose: Milk thistle 140 mg 2–3 times/day; Curcumin 500–1,000 mg/day.

Method of use: Adjunctive metabolic liver support.

Contraindications: Severe hepatic disease requires specialist care.

Interactions: Antidiabetics and anticoagulants.

Evidence: Moderate evidence for milk thistle and curcumin.

130. Female Infertility (Supportive Care)

Symptoms: Failure to conceive, irregular cycles, hormonal imbalance.

Physical diagnosis: Gynecologic evaluation.

Lab diagnosis: FSH/LH, AMH, pelvic ultrasound, thyroid profile.

Herbs used (most effective): Chasteberry; Maca; Ashwagandha; Black cohosh; Dong quai; Cinnamon; Fennel; Ginger; Raspberry leaf; Evening primrose oil.

Active phytochemicals: Flavonoids; macamides; withanolides; triterpene glycosides; ferulic acid; cinnamaldehyde; anethole; gingerols; tannins; gamma-linolenic acid.

Mechanism: Hormonal modulation, ovulatory support, antioxidant and anti-inflammatory effects.

Dose: Chasteberry 20–40 mg/day; Maca 1.5–3 g/day.

Method of use: Supportive reproductive care only.

Contraindications: Pregnancy and hormone-sensitive disorders caution.

Interactions: Fertility drugs and hormonal therapies.

Evidence: Moderate supportive evidence for chasteberry and maca.

131. Fibromyalgia

Symptoms: Widespread musculoskeletal pain, fatigue, sleep disturbance, brain fog, tenderness.

Physical diagnosis: Tender point assessment, pain mapping, exclusion of inflammatory disease.

Lab diagnosis: CBC, ESR/CRP, thyroid profile, vitamin D to exclude mimics.

Herbs used (most effective): Ashwagandha; Turmeric; Ginger; Lavender; Chamomile; Rhodiola; Boswellia; Lemon balm; Passionflower; Valerian.

Active phytochemicals: Withanolides; curcuminoids; gingerols; linalool; apigenin; rosavins; boswellic acids; rosmarinic acid; flavonoids; valerenic acids.

Mechanism: Pain modulation, neuroinflammation reduction, anxiolytic and sleep-supportive effects.

Dose: Ashwagandha 300–600 mg/day; Curcumin 500–1,000 mg/day; Rhodiola 200–400 mg/day.

Method of use: Adjunctive symptom management with exercise and sleep optimization.

Contraindications: Sedative sensitivity, autoimmune disease caution.

Interactions: Sedatives, antidepressants and pain medications.

Evidence: Moderate supportive evidence for turmeric and ashwagandha.

132. Flatulence (Excessive Gas)

Symptoms: Abdominal bloating, gas, discomfort, belching.

Physical diagnosis: Abdominal examination.

Lab diagnosis: Stool tests if persistent.

Herbs used (most effective): Fennel; Peppermint; Ginger; Chamomile; Caraway; Anise; Lemon balm; Cinnamon; Turmeric; Licorice DGL.

Active phytochemicals: Anethole; menthol; gingerols; apigenin; carvone; rosmarinic acid; cinnamaldehyde; curcuminoids; glycyrrhizin.

Mechanism: Carminative, digestive stimulation and intestinal smooth-muscle relaxation.

Dose: Fennel tea after meals; Peppermint tea/oil; Ginger tea.

Method of use: Digestive supportive care.

Contraindications: Severe abdominal pain or obstruction symptoms require evaluation.

Interactions: Peppermint may worsen reflux.

Evidence: Moderate evidence for peppermint and fennel.

133. Food Allergy (Supportive Care)

Symptoms: Rash, itching, swelling, abdominal pain, wheezing.

Physical diagnosis: Allergy assessment.

Lab diagnosis: IgE, skin-prick testing.

Herbs used (most effective): Nettle; Chamomile; Licorice; Turmeric; Holy basil; Green tea; Ginger; Aloe vera; Elderberry; Quercetin-rich onion extract.

Active phytochemicals: Flavonoids; apigenin; glycyrrhizin; curcuminoids; eugenol; catechins; gingerols; acemannan; anthocyanins; quercetin.

Mechanism: Antihistamine-like, anti-inflammatory and immune-supportive effects.

Dose: Nettle tea; Curcumin 500 mg/day; Holy basil tea.

Method of use: Strictly adjunctive only; allergen avoidance essential.

Contraindications: Anaphylaxis requires emergency care.

Interactions: Antihistamines and sedatives.

Evidence: Supportive evidence only.

134. Food Poisoning (Supportive Care)

Symptoms: Vomiting, diarrhea, abdominal cramps, nausea, fever.

Physical diagnosis: Hydration status, abdominal assessment.

Lab diagnosis: Stool culture if severe.

Herbs used (most effective): Ginger; Peppermint; Chamomile; Cinnamon; Garlic; Turmeric; Marshmallow root; Slippery elm; Lemon balm; Fennel.

Active phytochemicals: Gingerols; menthol; apigenin; cinnamaldehyde; allicin; curcuminoids; mucilage; rosmarinic acid; anethole.

Mechanism: Antimicrobial, antiemetic, gut soothing and antispasmodic effects.

Dose: Ginger tea; Chamomile tea; Cinnamon tea.

Method of use: Supportive hydration care only.

Contraindications: Bloody diarrhea or dehydration requires urgent care.

Interactions: Anticoagulants caution with ginger/garlic.

Evidence: Moderate evidence for ginger antiemetic effects.

135. Frozen Shoulder (Adhesive Capsulitis)

Symptoms: Shoulder pain, stiffness, reduced ROM.

Physical diagnosis: ROM limitation, shoulder tenderness.

Lab diagnosis: X-ray/MRI if indicated.

Herbs used (most effective): Turmeric; Boswellia; Ginger; Arnica; Capsaicin; Devil's claw; Willow bark; Lavender; Rosemary; Chamomile.

Mechanism: Anti-inflammatory, analgesic and muscle-relaxing effects.

Dose: Curcumin 500–1,000 mg/day; Boswellia 300–500 mg/day; Arnica topical.

Method of use: Adjunctive support with physiotherapy.

Evidence: Moderate evidence for turmeric and Boswellia.

136. Gallstones (Supportive Care)

Symptoms: RUQ pain, nausea, bloating, fatty food intolerance.

Physical diagnosis: RUQ tenderness.

Lab diagnosis: Ultrasound, liver enzymes.

Herbs used (most effective): Artichoke; Turmeric; Ginger; Peppermint; Dandelion; Milk thistle; Fennel; Chamomile; Rosemary; Lemon balm.

Active phytochemicals: Cynarin; curcuminoids; gingerols; menthol; sesquiterpenes; silymarin; anethole; apigenin; rosmarinic acid.

Mechanism: Bile-flow support, digestive aid and inflammation reduction.

Dose: Artichoke extract per label (commonly 320–640 mg/day); Ginger tea 1–3 cups/day or extract 250–500 mg/day; Milk thistle 140 mg/day standardized extract; Fennel tea after meals; Chamomile tea 1–2 cups/day; Dandelion tea/extract per label.

Method of use: Oral supportive digestive care only, particularly after fatty meals; combine with low-fat diet and physician monitoring. Not a replacement for surgical or medical management when indicated.

Contraindications: Acute severe RUQ pain, fever, jaundice, persistent vomiting or suspected biliary obstruction/cholecystitis requires urgent medical care. Avoid strong choleretic herbs if complete bile duct obstruction is suspected. Peppermint may aggravate reflux in susceptible patients.

Interactions: Ginger and turmeric may increase bleeding risk with anticoagulants/antiplatelets; milk thistle may affect metabolism of some medications (CYP interactions); peppermint may interact with antacids or worsen GERD; caution with gallbladder medications.

Evidence: Supportive hepatobiliary evidence for artichoke and milk thistle; moderate supportive evidence for ginger in nausea and digestive symptoms; adjunctive—not curative—for gallstones.

137. Gastric Ulcer

Symptoms: Epigastric pain, nausea, bloating, GI bleeding risk.

Physical diagnosis: Abdominal tenderness.

Lab diagnosis: Endoscopy, *H. pylori* testing.

Herbs used (most effective): Licorice DGL; Marshmallow root; Slippery elm; Chamomile; Aloe vera; Ginger; Turmeric; Cabbage adjunct; Lemon balm; Fennel.

Active phytochemicals: Glycyrrhizin; mucilage; apigenin; acemannan; gingerols; curcuminoids; glutamine-rich compounds; rosmarinic acid; anethole.

Mechanism: Gastric mucosal healing, anti-inflammatory and soothing effects.

Dose: Licorice DGL chewable tablets before meals per label; Marshmallow root infusion 1–3 cups/day; Slippery elm powder/tea per label; Chamomile tea 1–3 cups/day; Aloe vera oral preparation per label; Ginger tea or extract 250–500 mg/day; Turmeric 500 mg/day cautiously; Fennel tea after meals.

Method of use: Oral GI-supportive care used alongside physician-directed therapy (e.g., proton pump inhibitors and *H. pylori* eradication when indicated); avoid smoking, alcohol, NSAIDs and gastric irritants.

Contraindications: GI bleeding (melena, hematemesis), severe abdominal pain, perforation suspicion, unexplained weight loss or persistent vomiting requires urgent medical care. Avoid non-DGL licorice in uncontrolled hypertension, edema or severe cardiac disease.

Interactions: Ginger and turmeric may increase bleeding risk with anticoagulants/antiplatelets; licorice may interact with antihypertensives, corticosteroids and diuretics; mucilage herbs (marshmallow/slippery elm) may reduce absorption of oral medications (separate by ≥2 hours).

Evidence: Moderate evidence for licorice DGL and demulcent herbs in gastric mucosal support; supportive evidence for chamomile, aloe vera and cabbage-derived compounds in gastric healing adjunctive care.

138. Gastroesophageal Reflux Disease (GERD)

Symptoms: Heartburn, acid regurgitation, chest discomfort, cough.

Physical diagnosis: Abdominal and ENT assessment.

Lab diagnosis: Endoscopy if persistent.

Herbs used (most effective): Licorice DGL; Marshmallow root; Chamomile; Ginger; Slippery elm; Aloe vera; Lemon balm; Fennel; Turmeric; Peppermint (caution).

Mechanism: Esophageal soothing, gastric protection and anti-inflammatory effects.

Dose: DGL before meals; Chamomile tea; Aloe vera approved oral preparations.

Method of use: Adjunctive GI support with diet modification.

Contraindications: Dysphagia or bleeding requires urgent evaluation.

Interactions: Antihypertensives and anticoagulants.

Evidence: Moderate evidence for DGL.

139. Generalized Anxiety Disorder

Symptoms: Excessive worry, insomnia, irritability, palpitations.

Physical diagnosis: Psychiatric assessment.

Lab diagnosis: Thyroid profile, CBC if indicated.

Herbs used (most effective): Ashwagandha; Lavender; Lemon balm; Passionflower; Chamomile; Valerian; Rhodiola; Holy basil; Saffron; Skullcap.

Active phytochemicals: Withanolides; linalool; rosmarinic acid; flavonoids; apigenin; valerenic acids; rosavins; eugenol; crocin; baicalin.

Mechanism: GABAergic, anxiolytic and adaptogenic effects.

Dose: Ashwagandha 300–600 mg/day; Lavender oil 80 mg/day; Passionflower extract.

Method of use: Adjunctive mental-health support.

Contraindications: Bipolar disorder and sedative sensitivity.

Interactions: Sedatives and antidepressants.

Evidence: Moderate evidence for lavender and ashwagandha.

140. Gingivitis

Symptoms: Gum redness, swelling, bleeding, bad breath.

Physical diagnosis: Oral examination.

Lab diagnosis: Dental assessment.

Herbs used (most effective): Chamomile; Sage; Tea tree; Clove; Calendula; Myrrh; Turmeric; Peppermint; Green tea; Licorice.

Active phytochemicals: Apigenin; rosmarinic acid; terpinen-4-ol; eugenol; triterpenoids; sesquiterpenes; curcuminoids; menthol; catechins; glycyrrhizin.

Mechanism: Antimicrobial, anti-inflammatory and gum-healing effects.

Dose: Herbal mouth rinse/gargle 1–2 times/day.

Method of use: Adjunctive oral hygiene support.

Contraindications: Dental abscess requires urgent dental care.

Interactions: Minimal topical interactions.

Evidence: Moderate evidence for sage and chamomile oral rinses.

141. Glaucoma (Supportive Care)

Symptoms: Blurred vision, eye pain, halos around lights, peripheral vision loss.

Physical diagnosis: Intraocular pressure assessment, optic nerve examination.

Lab diagnosis: Tonometry, visual field testing, OCT.

Herbs used (most effective): Ginkgo; Bilberry; Green tea; Saffron; Eyebright; Turmeric; Rosemary; Goji berry; Chamomile; Grape seed.

Active phytochemicals: Ginkgolides; anthocyanins; catechins; crocin; tannins; curcuminoids; rosmarinic acid; carotenoids; apigenin; proanthocyanidins.

Mechanism: Ocular antioxidant support, retinal neuroprotection and microcirculatory enhancement.

Dose: Ginkgo 120–240 mg/day; Bilberry extract 80–160 mg/day; Green tea 1–2 cups/day.

Method of use: Strictly adjunctive care only; ophthalmologic therapy remains essential.

Contraindications: Acute angle-closure glaucoma is an emergency.

Interactions: Anticoagulants caution with ginkgo.

Evidence: Limited supportive antioxidant evidence.

142. Gout

Symptoms: Sudden joint pain, redness, swelling, tenderness (commonly big toe).

Physical diagnosis: Joint inflammation assessment.

Lab diagnosis: Serum uric acid, joint fluid analysis if needed.

Herbs used (most effective): Cherry extract; Nettle; Ginger; Turmeric; Celery seed; Boswellia; Devil's claw; Green tea; Dandelion; Chamomile.

Active phytochemicals: Anthocyanins; flavonoids; gingerols; curcuminoids; phthalides; boswellic acids; harpagoside; catechins; sesquiterpenes; apigenin.

Mechanism: Uric acid modulation, anti-inflammatory and analgesic effects.

Dose: Tart cherry extract; Ginger tea; Curcumin 500–1,000 mg/day.

Method of use: Adjunctive support with dietary urate control.

Contraindications: Acute severe swelling or fever requires evaluation.

Interactions: NSAIDs, anticoagulants.

Evidence: Moderate supportive evidence for cherry extract.

143. Graves Disease (Supportive Care)

Symptoms: Weight loss, palpitations, tremor, anxiety, heat intolerance.

Physical diagnosis: Thyroid enlargement, tachycardia, eye signs.

Lab diagnosis: TSH, FT4, T3, thyroid antibodies.

Herbs used (most effective): Lemon balm; Bugleweed; Chamomile; Motherwort; Lavender; Holy basil; Green tea (low caffeine); Ashwagandha (caution); Licorice; Turmeric.

Active phytochemicals: Rosmarinic acid; lithospermic acid; apigenin; leonurine; linalool; eugenol; catechins; withanolides; glycyrrhizin; curcuminoids.

Mechanism: Thyroid-calming support, anxiolytic and anti-inflammatory effects.

Dose: Lemon balm tea; Bugleweed standardized extract cautiously.

Method of use: Strictly adjunctive only with endocrinology care.

Contraindications: Thyroid storm requires emergency care.

Interactions: Antithyroid drugs and sedatives.

Evidence: Limited supportive evidence for lemon balm and bugleweed.

144. Gum Abscess (Supportive Care)

Symptoms: Severe gum pain, swelling, pus, fever, foul taste.

Physical diagnosis: Dental examination.

Lab diagnosis: Dental imaging if severe.

Herbs used (most effective): Clove; Sage; Chamomile; Calendula; Tea tree; Myrrh; Turmeric; Peppermint; Licorice; Green tea.

Active phytochemicals: Eugenol; rosmarinic acid; apigenin; triterpenoids; terpinen-4-ol; sesquiterpenes; curcuminoids; menthol; glycyrrhizin; catechins.

Mechanism: Antimicrobial, analgesic and anti-inflammatory effects.

Dose: Herbal mouth rinse or clove oil diluted topically.

Method of use: Strictly adjunctive only; dental drainage/antibiotics may be needed.

Contraindications: Fever or facial swelling requires urgent dental care.

Interactions: Minimal topical interactions.

Evidence: Supportive oral-care evidence.

145. Hair Loss (General Alopecia)

Symptoms: Hair thinning, patchy loss, shedding, scalp changes.

Physical diagnosis: Scalp examination, hair pull test.

Lab diagnosis: Ferritin, TSH, vitamin D, hormonal profile if indicated.

Herbs used (most effective): Rosemary; Ginseng; Saw palmetto; Green tea; Onion extract; Aloe vera; Lavender; Peppermint; Fenugreek; Turmeric.

Active phytochemicals: Rosmarinic acid; ginsenosides; phytosterols; EGCG; sulfur compounds; acemannan; linalool; menthol; diosgenin; curcuminoids.

Mechanism: Follicular stimulation, androgen modulation, scalp circulation improvement and inflammation reduction.

Dose: Rosemary oil diluted topically; Ginseng 200–400 mg/day.

Method of use: Topical plus oral adjunctive care.

Contraindications: Scalp inflammation or scarring alopecia requires dermatologic review.

Interactions: Anticoagulants caution with ginseng.

Evidence: Moderate supportive evidence for rosemary.

146. Hallux Valgus (Bunion Pain Supportive Care)

Symptoms: Toe deformity, pain, swelling, walking discomfort.

Physical diagnosis: Foot alignment examination.

Lab diagnosis: Foot X-ray if severe.

Herbs used (most effective): Turmeric; Boswellia; Ginger; Arnica; Capsaicin; Devil's claw; Willow bark; Chamomile; Lavender; Rosemary.

Active phytochemicals: Curcuminoids; boswellic acids; gingerols; helenalin; capsaicinoids; harpagoside; salicin; apigenin; linalool; rosmarinic acid.

Mechanism: Anti-inflammatory, analgesic and soft tissue support.

Dose: Curcumin 500–1,000 mg/day; Arnica topical.

Method of use: Adjunctive pain support with orthotics.

Contraindications: Severe deformity may require surgical consultation.

Interactions: NSAIDs and anticoagulants.

Evidence: Supportive pain-relief evidence.

147. Hay Fever (Seasonal Allergic Rhinitis)

Symptoms: Sneezing, nasal congestion, itchy eyes, rhinorrhea.

Physical diagnosis: Nasal mucosa examination.

Lab diagnosis: Allergy testing if recurrent.

Herbs used (most effective): Butterbur; Nettle; Elderberry; Peppermint; Ginger; Turmeric; Thyme; Boswellia; Licorice; Green tea.

Active phytochemicals: Petasins; flavonoids; anthocyanins; menthol; gingerols; curcuminoids; thymol; boswellic acids; glycyrrhizin; catechins.

Mechanism: Antihistamine-like, anti-inflammatory and airway-supportive effects.

Dose: Butterbur PA-free; Nettle tea; Elderberry syrup.

Method of use: Seasonal allergy adjunctive support.

Contraindications: Liver disease caution with butterbur.

Interactions: Sedatives and antihistamines.

Evidence: Moderate evidence for butterbur and nettle.

148. Headache (Non-specific)

Symptoms: Head pain, pressure, tension, sensitivity to light/sound.

Physical diagnosis: Neurologic and musculoskeletal assessment.

Lab diagnosis: Imaging if red flags present.

Herbs used (most effective): Peppermint; Ginger; Feverfew; Lavender; Chamomile; Rosemary; Lemon balm; Turmeric; Willow bark; Green tea (limited caffeine).

Active phytochemicals: Menthol; gingerols; parthenolide; linalool; apigenin; rosmarinic acid; curcuminoids; salicin; catechins.

Mechanism: Analgesic, vascular modulation and neuroinflammation reduction.

Dose: Peppermint topical diluted; Ginger tea; Feverfew standardized extract.

Method of use: Symptomatic supportive care.

Contraindications: Sudden severe headache requires urgent care.

Interactions: Anticoagulants and analgesics.

Evidence: Moderate evidence for ginger and feverfew.

149. Heart Failure (Supportive Care)

Symptoms: Dyspnea, edema, fatigue, exercise intolerance.

Physical diagnosis: Edema, crackles, cardiac examination.

Lab diagnosis: BNP, echocardiography, renal function.

Herbs used (most effective): Hawthorn; Garlic; Hibiscus; Green tea; Olive leaf; Turmeric; Ginger; CoQ-supportive rosemary; Cocoa flavanols; Flaxseed.

Active phytochemicals: Procyanidins; allicin; anthocyanins; catechins; oleuropein; curcuminoids; gingerols; rosmarinic acid; flavanols; lignans.

Mechanism: Endothelial support, mild cardiotonic effects and oxidative stress reduction.

Dose: Hawthorn standardized extract; Hibiscus tea 1–2 cups/day.

Method of use: Strictly adjunctive only with cardiology supervision.

Contraindications: Acute decompensation requires emergency care.

Interactions: Diuretics, digoxin, antihypertensives.

Evidence: Moderate supportive evidence for hawthorn.

150. Hemorrhoids

Symptoms: Rectal pain, itching, swelling, bleeding during defecation.

Physical diagnosis: Rectal/perianal examination.

Lab diagnosis: Colonoscopy if bleeding unexplained.

Herbs used (most effective): Witch hazel; Aloe vera; Psyllium; Calendula; Chamomile; Horse chestnut; Butcher's broom; Coconut oil; Turmeric; Licorice DGL.

Active phytochemicals: Tannins; acemannan; soluble fiber; triterpenoids; apigenin; aescin; ruscogenins; curcuminoids; glycyrrhizin.

Mechanism: Venotonic, anti-inflammatory, stool softening and wound-healing effects.

Dose: Psyllium 5–10 g/day; Witch hazel topical; Aloe gel.

Method of use: Topical plus bowel-supportive adjunctive care.

Contraindications: Heavy rectal bleeding requires urgent evaluation.

Interactions: Psyllium alters medication absorption.

Evidence: Moderate evidence for psyllium and witch hazel.

151. Hepatitis (Supportive Care)

Symptoms: Fatigue, jaundice, abdominal discomfort, nausea, elevated liver enzymes.

Physical diagnosis: Hepatic tenderness, jaundice assessment.

Lab diagnosis: ALT/AST, bilirubin, viral hepatitis panel, ultrasound.

Herbs used (most effective): Milk thistle; Turmeric; Licorice; Schisandra; Green tea; Ginger; Dandelion; Artichoke; Rosemary; Chamomile.

Active phytochemicals: Silymarin; curcuminoids; glycyrrhizin; schisandrins; catechins; gingerols; sesquiterpene lactones; cynarin; rosmarinic acid; apigenin.

Mechanism: Hepatoprotection, antioxidant activity, inflammation reduction and liver regeneration support.

Dose: Milk thistle 140 mg 2–3 times/day; Curcumin 500–1,000 mg/day; Schisandra extract per label.

Method of use: Strictly adjunctive only with hepatology care.

Contraindications: Acute liver failure or severe jaundice requires urgent care.

Interactions: Antivirals, anticoagulants and hepatotoxic drugs.

Evidence: Moderate evidence for milk thistle hepatoprotection.

152. Hernia (Supportive Care)

Symptoms: Local bulge, pain, discomfort during lifting, abdominal pressure.

Physical diagnosis: Physical examination, reducibility assessment.

Lab diagnosis: Ultrasound or CT if needed.

Herbs used (most effective): Turmeric; Ginger; Chamomile; Marshmallow root; Slippery elm; Boswellia; Peppermint; Fennel; Licorice DGL; Aloe vera.

Active phytochemicals: Curcuminoids; gingerols; apigenin; mucilage; boswellic acids; menthol; anethole; glycyrrhizin; acemannan.

Mechanism: Anti-inflammatory, GI soothing and pain support.

Dose: Curcumin 500 mg/day; Ginger tea; Chamomile tea.

Method of use: Supportive symptom management only; surgical correction often definitive.

Contraindications: Strangulated hernia is emergency condition.

Interactions: Anticoagulants and NSAIDs.

Evidence: Limited supportive evidence only.

153. Herpes Simplex Virus (HSV) Infection

Symptoms: Painful blisters, tingling, burning, recurrent lesions.

Physical diagnosis: Lesion examination.

Lab diagnosis: PCR/swab if uncertain.

Herbs used (most effective): Lemon balm; Licorice; Aloe vera; Tea tree; Sage; Chamomile; Green tea; Propolis; Turmeric; Peppermint.

Active phytochemicals: Rosmarinic acid; glycyrrhizin; acemannan; terpinen-4-ol; rosmarinic acid; apigenin; catechins; flavonoids; curcuminoids; menthol.

Mechanism: Antiviral, anti-inflammatory and wound-healing support.

Dose: Lemon balm topical; Licorice cream; Aloe gel.

Method of use: Topical adjunctive support only.

Contraindications: Ocular or disseminated HSV requires urgent care.

Interactions: Antivirals and anticoagulants caution.

Evidence: Moderate evidence for lemon balm.

154. Hiatal Hernia

Symptoms: Heartburn, reflux, chest discomfort, regurgitation.

Physical diagnosis: Abdominal examination.

Lab diagnosis: Endoscopy, barium swallow.

Herbs used (most effective): Licorice DGL; Marshmallow root; Chamomile; Slippery elm; Ginger; Aloe vera; Lemon balm; Fennel; Turmeric; Peppermint (caution).

Active phytochemicals: Glycyrrhizin; mucilage; apigenin; gingerols; acemannan; rosmarinic acid; anethole; curcuminoids; menthol.

Mechanism: Esophageal protection, reflux reduction and anti-inflammatory support.

Dose: DGL before meals; Chamomile tea; Marshmallow infusion.

Method of use: GI-supportive adjunctive care with lifestyle modification.

Contraindications: Dysphagia or GI bleeding requires evaluation.

Interactions: Antihypertensives and anticoagulants.

Evidence: Moderate supportive evidence for DGL.

155. Hirsutism (Supportive Care)

Symptoms: Excessive hair growth in androgen-dependent areas, menstrual irregularity.

Physical diagnosis: Ferriman-Gallwey scoring, endocrine evaluation.

Lab diagnosis: Testosterone, DHEAS, insulin resistance testing.

Herbs used (most effective): Spearmint; Saw palmetto; Licorice; Cinnamon; Green tea; Chasteberry; Flaxseed; Turmeric; Fenugreek; Black cohosh.

Active phytochemicals: Menthol; phytosterols; glycyrrhizin; cinnamaldehyde; catechins; flavonoids; lignans; curcuminoids; diosgenin; triterpene glycosides.

Mechanism: Antiandrogenic support, insulin sensitivity enhancement and hormonal modulation.

Dose: Spearmint tea 2 cups/day; Saw palmetto 320 mg/day.

Method of use: Adjunctive endocrine support only.

Contraindications: Pregnancy and hormone-sensitive conditions caution.

Interactions: Hormonal therapies and antidiabetics.

Evidence: Moderate evidence for spearmint in androgen reduction.

156. HIV/AIDS (Supportive Care)

Symptoms: Fatigue, recurrent infections, weight loss, fever.

Physical diagnosis: Nutritional and infection assessment.

Lab diagnosis: Viral load, CD4 count.

Herbs used (most effective): Garlic; Turmeric; Ginger; Green tea; Echinacea (caution); Elderberry; Ashwagandha; Holy basil; Chamomile; Milk thistle.

Active phytochemicals: Allicin; curcuminoids; gingerols; catechins; alkylamides; anthocyanins; withanolides; eugenol; apigenin; silymarin.

Mechanism: Immune support, oxidative stress reduction and inflammation modulation.

Dose: Turmeric 500 mg/day; Ginger tea; Milk thistle per label.

Method of use: Strictly adjunctive only; antiretroviral therapy essential.

Contraindications: Immunocompromised status requires physician guidance.

Interactions: Strong interactions possible with antiretrovirals.

Evidence: Limited supportive evidence only.

157. Hot Flashes (Menopausal Vasomotor Symptoms)

Symptoms: Sudden heat sensation, sweating, flushing, sleep disturbance.

Physical diagnosis: Menopausal assessment.

Lab diagnosis: Hormonal profile if indicated.

Herbs used (most effective): Black cohosh; Red clover; Soy isoflavones; Sage; Flaxseed; Evening primrose oil; Chamomile; Lavender; Licorice; Ashwagandha.

Active phytochemicals: Triterpene glycosides; isoflavones; rosmarinic acid; lignans; gamma-linolenic acid; apigenin; linalool; glycyrrhizin; withanolides.

Mechanism: Phytoestrogenic effects, autonomic modulation and sleep support.

Dose: Black cohosh standardized extract; Flaxseed 1–2 tbsp/day.

Method of use: Menopausal supportive care.

Contraindications: Hormone-sensitive cancers caution.

Interactions: Hormonal therapies.

Evidence: Moderate evidence for black cohosh.

158. Hyperacidity (Excess Stomach Acid)

Symptoms: Burning sensation, reflux, indigestion, bloating.

Physical diagnosis: Abdominal examination.

Lab diagnosis: Endoscopy if persistent.

Herbs used (most effective): Licorice DGL; Chamomile; Marshmallow root; Slippery elm; Ginger; Aloe vera; Lemon balm; Fennel; Turmeric; Peppermint (caution).

Mechanism: Gastric mucosal protection, acid soothing and antispasmodic effects.

Evidence: Moderate supportive evidence for DGL.

159. Hypercholesterolemia

Symptoms: Usually asymptomatic; cardiovascular risk elevation.

Physical diagnosis: Cardiovascular assessment.

Lab diagnosis: Lipid profile, HbA1c, liver function.

Herbs used (most effective): Garlic; Green tea; Fenugreek; Flaxseed; Turmeric; Hibiscus; Olive leaf; Guggul; Hawthorn; Pomegranate.

Mechanism: LDL reduction, antioxidant activity and endothelial support.

Dose: Garlic 600–1,200 mg/day; Flaxseed 1–2 tbsp/day.

Method of use: Cardiometabolic adjunctive support.

Contraindications: Severe dyslipidemia requires physician management.

Interactions: Statins and anticoagulants.

Evidence: Moderate evidence for garlic and flaxseed.

160. Hyperglycemia (Supportive Care)

Symptoms: Excess thirst, polyuria, fatigue, blurred vision.

Physical diagnosis: Glucose-related assessment.

Lab diagnosis: Fasting glucose, HbA1c.

Herbs used (most effective): Cinnamon; Fenugreek; Bitter melon; Gymnema; Black seed (*Nigella sativa*); Ginger; Turmeric; Green tea; Garlic; Aloe vera.

Active phytochemicals: Cinnamaldehyde; diosgenin; charantin; gymnemic acids; thymoquinone; gingerols; curcuminoids; catechins; allicin; polysaccharides.

Mechanism: Insulin sensitivity enhancement, glucose regulation and oxidative stress reduction.

Dose: Cinnamon extract; Fenugreek seeds 5–10 g/day; Black seed oil 1–2 tsp/day.

Method of use: Adjunctive glycemic support only.

Contraindications: Severe hyperglycemia requires urgent medical care.

Interactions: Antidiabetics and anticoagulants.

Evidence: Moderate evidence for fenugreek and cinnamon.

161. Hyperhidrosis (Excessive Sweating)

Symptoms: Excessive sweating, body odor, social discomfort, skin irritation.

Physical diagnosis: Sweat distribution assessment, skin examination.

Lab diagnosis: Thyroid profile, glucose testing if secondary cause suspected.

Herbs used (most effective): Sage; Green tea; Witch hazel; Chamomile; Lavender; Peppermint; Rosemary; Lemon balm; Holy basil; Turmeric.

Active phytochemicals: Rosmarinic acid; catechins; tannins; apigenin; linalool; menthol; eugenol; curcuminoids.

Mechanism: Mild sweat reduction, antimicrobial activity and autonomic calming effects.

Dose: Sage tea 1–2 cups/day; Witch hazel topical; Green tea daily.

Method of use: Topical and oral adjunctive care.

Contraindications: Excessive dehydration risk.

Interactions: Sedatives and anticholinergic medications.

Evidence: Moderate supportive evidence for sage.

162. Hyperthyroidism (Supportive Care)

Symptoms: Weight loss, tremor, anxiety, palpitations, heat intolerance.

Physical diagnosis: Thyroid enlargement, tachycardia, tremor assessment.

Lab diagnosis: TSH, FT4, T3, thyroid antibodies.

Herbs used (most effective): Lemon balm; Bugleweed; Chamomile; Motherwort; Lavender; Holy basil; Licorice; Green tea (low caffeine); Turmeric; Rosemary.

Active phytochemicals: Rosmarinic acid; lithospermic acid; apigenin; leonurine; linalool; eugenol; glycyrrhizin; catechins; curcuminoids.

Mechanism: Thyroid-calming, anxiolytic and inflammation-reducing effects.

Dose: Lemon balm tea; Bugleweed extract cautiously.

Method of use: Strictly adjunctive with endocrinology care.

Contraindications: Thyroid storm is emergency condition.

Interactions: Antithyroid medications and sedatives.

Evidence: Limited supportive evidence for lemon balm.

163. Hypoglycemia (Supportive Care)

Symptoms: Sweating, tremor, dizziness, hunger, confusion.

Physical diagnosis: Blood glucose assessment, neurologic evaluation.

Lab diagnosis: Blood glucose, insulin studies if recurrent.

Herbs used (most effective): Ginger; Cinnamon; Licorice; Chamomile; Fenugreek (careful use); Holy basil; Rosemary; Peppermint; Lemon balm; Ashwagandha.

Active phytochemicals: Gingerols; cinnamaldehyde; glycyrrhizin; apigenin; diosgenin; eugenol; rosmarinic acid; menthol; withanolides.

Mechanism: Glycemic stabilization, stress reduction and digestive support.

Dose: Cinnamon tea; Ginger tea; Holy basil tea.

Method of use: Supportive care only; rapid glucose correction essential.

Contraindications: Severe hypoglycemia requires emergency treatment.

Interactions: Antidiabetic medications.

Evidence: Limited supportive evidence only.

164. Hypothyroidism

Symptoms: Fatigue, cold intolerance, constipation, weight gain, dry skin.

Physical diagnosis: Bradycardia, thyroid enlargement, skin changes.

Lab diagnosis: TSH, FT4, anti-TPO antibodies.

Herbs used (most effective): Ashwagandha; Black seed (*Nigella sativa*); Ginger; Turmeric; Licorice; Rosemary; Holy basil; Cinnamon; Green tea; Chamomile.

Active phytochemicals: Withanolides; thymoquinone; gingerols; curcuminoids; glycyrrhizin; rosmarinic acid; eugenol; cinnamaldehyde; catechins; apigenin.

Mechanism: Thyroid support, oxidative stress reduction and metabolic enhancement.

Dose: Ashwagandha 300–600 mg/day; Black seed oil 1–2 tsp/day.

Method of use: Adjunctive endocrine support only.

Contraindications: Hyperthyroidism and pregnancy caution.

Interactions: Thyroid medications.

Evidence: Moderate supportive evidence for ashwagandha.

165. Immune Weakness (Supportive Care)

Symptoms: Frequent infections, fatigue, slow recovery.

Physical diagnosis: Nutritional and infection assessment.

Lab diagnosis: CBC, vitamin D, immune markers if indicated.

Herbs used (most effective): Echinacea; Elderberry; Garlic; Ginger; Turmeric; Holy basil; Ashwagandha; Green tea; Chamomile; Licorice.

Active phytochemicals: Alkylamides; anthocyanins; allicin; gingerols; curcuminoids; eugenol; withanolides; catechins; apigenin; glycyrrhizin.

Mechanism: Immune modulation, antimicrobial activity and oxidative stress reduction.

Dose: Elderberry syrup; Garlic extract; Ginger tea.

Method of use: Adjunctive immune support only.

Contraindications: Autoimmune diseases caution (echinacea).

Interactions: Immunosuppressants.

Evidence: Moderate evidence for elderberry and garlic.

166. Impetigo

Symptoms: Honey-colored crusted lesions, itching, redness.

Physical diagnosis: Skin examination.

Lab diagnosis: Swab culture if recurrent.

Herbs used (most effective): Calendula; Tea tree; Aloe vera; Garlic; Chamomile; Neem; Turmeric; Honey; Thyme; Lavender.

Active phytochemicals: Triterpenoids; terpinen-4-ol; acemannan; allicin; apigenin; limonoids; curcuminoids; polyphenols; thymol; linalool.

Mechanism: Antimicrobial, wound-healing and anti-inflammatory effects.

Dose: Topical herbal preparations.

Method of use: Adjunctive only; antibiotics may be required.

Contraindications: Rapid spread or fever requires urgent care.

Interactions: Minimal topical interactions.

Evidence: Supportive evidence for tea tree and calendula.

167. Indigestion (Functional Dyspepsia)

Symptoms: Bloating, fullness, nausea, upper abdominal discomfort.

Physical diagnosis: Abdominal examination.

Lab diagnosis: *H. pylori* testing if persistent.

Herbs used (most effective): Peppermint; Ginger; Chamomile; Lemon balm; Fennel; Licorice DGL; Cinnamon; Turmeric; Marshmallow root; Artichoke.

Active phytochemicals: Menthol; gingerols; apigenin; rosmarinic acid; anethole; glycyrrhizin; cinnamaldehyde; curcuminoids; mucilage; cynarin.

Mechanism: Digestive stimulation, antispasmodic and gastric-soothing effects.

Dose: Peppermint tea or enteric-coated peppermint oil capsules per label; Ginger extract 250–500 mg/day or tea 1–3 cups/day; Chamomile tea 1–3 cups/day; Licorice DGL before meals; Artichoke extract per label; Fennel tea after meals.

Method of use: Oral digestive support taken before or after meals depending symptoms; combine with dietary modification, smaller meals and avoidance of trigger foods.

Contraindications: Severe abdominal pain, vomiting, GI bleeding, unexplained weight loss or persistent symptoms require medical evaluation. Peppermint may aggravate GERD/reflux. Licorice should be avoided in uncontrolled hypertension unless DGL form is used.

Interactions: Licorice may interact with antihypertensives, corticosteroids and diuretics; ginger/turmeric may increase bleeding risk with anticoagulants; marshmallow root may reduce drug absorption if taken simultaneously.

Evidence: Moderate evidence for peppermint and ginger in functional dyspepsia; supportive evidence for chamomile, fennel, artichoke and licorice DGL in gastric discomfort and bloating.

168. Insomnia

Symptoms: Difficulty sleeping, poor sleep quality, fatigue, irritability.

Physical diagnosis: Sleep pattern assessment, mental-health review.

Lab diagnosis: Sleep study if indicated.

Herbs used (most effective): Valerian; Chamomile; Lavender; Lemon balm; Passionflower; Ashwagandha; Hops; Holy basil; Skullcap; Magnolia bark.

Active phytochemicals: Valerenic acids; apigenin; linalool; rosmarinic acid; flavonoids; withanolides; bitter acids; eugenol; baicalin; honokiol.

Mechanism: GABAergic, anxiolytic and sedative effects.

Dose: Valerian 400–600 mg bedtime; Chamomile tea; Lavender aromatherapy.

Method of use: Sleep-supportive adjunctive care.

Contraindications: Sedative overuse and alcohol combination.

Interactions: Sedatives, hypnotics and antidepressants.

Evidence: Moderate evidence for valerian and lavender.

169. Interstitial Cystitis (Painful Bladder Syndrome)

Symptoms: Pelvic pain, urinary urgency, frequency, bladder discomfort.

Physical diagnosis: Pelvic tenderness, bladder sensitivity assessment.

Lab diagnosis: Urinalysis, cystoscopy if indicated.

Herbs used (most effective): Marshmallow root; Corn silk; Chamomile; Aloe vera; Nettle; Turmeric; Ginger; Licorice DGL; Pumpkin seed; Horsetail.

Active phytochemicals: Mucilage; apigenin; acemannan; flavonoids; curcuminoids; gingerols; glycyrrhizin; phytosterols; silica.

Mechanism: Bladder soothing, anti-inflammatory and urinary support.

Dose: Marshmallow infusion; Aloe oral preparations; Chamomile tea.

Method of use: Adjunctive bladder support only.

Contraindications: Hematuria requires evaluation.

Interactions: Diuretics and anticoagulants.

Evidence: Supportive evidence only.

170. Iron Deficiency Anemia (Supportive Care)

Symptoms: Fatigue, pallor, dizziness, weakness, shortness of breath.

Physical diagnosis: Pallor, tachycardia assessment.

Lab diagnosis: CBC, ferritin, iron studies.

Herbs used (most effective): Nettle; Moringa; Yellow dock; Dandelion; Ginger; Chamomile; Spirulina adjunct; Turmeric; Licorice; Parsley.

Active phytochemicals: Minerals; flavonoids; anthraquinones; sesquiterpenes; gingerols; apigenin; phycocyanins; curcuminoids; glycyrrhizin; apiol.

Mechanism: Iron support, hematopoietic nourishment and fatigue reduction.

Dose: Nettle infusion daily; Moringa powder 1–2 tsp/day.

Method of use: Supportive nutritional care only; iron replacement may be required.

Contraindications: Severe anemia requires urgent evaluation.

Interactions: Iron supplements and anticoagulants.

Evidence: Supportive nutritional evidence.

171. Irritable Bowel Syndrome (IBS)

Symptoms: Abdominal pain, bloating, diarrhea and/or constipation, bowel irregularity.

Physical diagnosis: Abdominal assessment, bowel pattern evaluation.

Lab diagnosis: Stool tests, colonoscopy if alarm symptoms present.

Herbs used (most effective): Peppermint; Ginger; Chamomile; Fennel; Psyllium; Lemon balm; Turmeric; Slippery elm; Marshmallow root; Licorice DGL.

Active phytochemicals: Menthol; gingerols; apigenin; anethole; soluble fiber; rosmarinic acid; curcuminoids; mucilage; glycyrrhizin.

Mechanism: Antispasmodic, gut-soothing, microbiome support and inflammation reduction.

Dose: Peppermint oil enteric-coated capsules per label; Psyllium 5–10 g/day with adequate water; Ginger tea 1–3 cups/day or extract 250–500 mg/day; Chamomile tea 1–3 cups/day; Fennel tea after meals; Slippery elm or marshmallow preparations per label.

Method of use: Oral digestive supportive care combined with dietary modification (e.g., trigger-food avoidance, fiber adjustment, hydration and low-FODMAP diet when appropriate).

Contraindications: Bloody stool, unexplained weight loss, anemia, nocturnal symptoms or severe abdominal pain requires medical evaluation. Peppermint may aggravate GERD; psyllium should be avoided in bowel obstruction.

Interactions: Peppermint may worsen reflux symptoms; psyllium, slippery elm and marshmallow root may reduce absorption of oral medications (separate by ≥2 hours); ginger and turmeric may increase bleeding risk with anticoagulants.

Evidence: Strong evidence for peppermint oil and psyllium in IBS symptom control; moderate supportive evidence for ginger, chamomile and fennel in bloating and abdominal discomfort.

172. Itching (Pruritus)

Symptoms: Persistent itching, irritation, scratching, skin redness.

Physical diagnosis: Skin examination, trigger assessment.

Lab diagnosis: Allergy or liver/kidney tests if persistent.

Herbs used (most effective): Chamomile; Calendula; Aloe vera; Oat straw; Licorice; Lavender; Witch hazel; Neem; Turmeric; Green tea.

Active phytochemicals: Apigenin; triterpenoids; acemannan; avenanthramides; glycyrrhizin; linalool; tannins; limonoids; curcuminoids; catechins.

Mechanism: Anti-inflammatory, skin soothing and antihistamine-like effects.

Dose: Aloe gel topical; Oat baths; Calendula cream.

Method of use: Topical supportive care.

Contraindications: Generalized itching with jaundice requires evaluation.

Interactions: Minimal topical interactions.

Evidence: Moderate supportive evidence for oat and chamomile.

173. Jaw Pain (TMJ Disorder)

Symptoms: Jaw pain, clicking, difficulty chewing, headache.

Physical diagnosis: TMJ tenderness, ROM examination.

Lab diagnosis: Imaging if severe.

Herbs used (most effective): Turmeric; Ginger; Boswellia; Chamomile; Lavender; Capsaicin; Arnica; Peppermint; Rosemary; Valerian.

Active phytochemicals: Curcuminoids; gingerols; boswellic acids; apigenin; linalool; capsaicinoids; helenalin; menthol; rosmarinic acid; valerenic acids.

Mechanism: Anti-inflammatory, analgesic and muscle-relaxing effects.

Dose: Curcumin 500–1,000 mg/day; Arnica topical; Chamomile tea.

Method of use: Adjunctive care with mouth guard/physiotherapy.

Contraindications: Trauma or locking jaw requires evaluation.

Interactions: NSAIDs and anticoagulants.

Evidence: Moderate evidence for turmeric and Boswellia.

174. Jet Lag

Symptoms: Fatigue, insomnia, daytime sleepiness, impaired concentration.

Physical diagnosis: Sleep history assessment.

Lab diagnosis: Usually not required.

Herbs used (most effective): Chamomile; Lavender; Lemon balm; Valerian; Ashwagandha; Rhodiola; Holy basil; Ginger; Peppermint; Green tea (morning use).

Active phytochemicals: Apigenin; linalool; rosmarinic acid; valerenic acids; withanolides; rosavins; eugenol; gingerols; menthol; catechins.

Mechanism: Circadian adaptation, stress reduction and sleep support.

Dose: Valerian 400–600 mg bedtime; Chamomile tea; Rhodiola morning use.

Method of use: Sleep-supportive adjunctive care.

Contraindications: Sedative overuse caution.

Interactions: Sedatives and hypnotics.

Evidence: Supportive evidence for valerian and melatonin-supportive herbs.

175. Kidney Stones (Supportive Care)

Symptoms: Severe flank pain, hematuria, nausea, urinary discomfort.

Physical diagnosis: CVA tenderness, abdominal examination.

Lab diagnosis: Urinalysis, CT/ultrasound.

Herbs used (most effective): Chanca piedra; Corn silk; Parsley; Nettle; Horsetail; Dandelion; Ginger; Turmeric; Marshmallow root; Basil.

Active phytochemicals: Lignans; mucilage; flavonoids; silica; sesquiterpenes; gingerols; curcuminoids; essential oils.

Mechanism: Mild diuretic, urinary tract soothing and stone-passage support.

Dose: Corn silk tea; Chanca piedra extract; Nettle infusion.

Method of use: Supportive hydration care only.

Contraindications: Fever or obstructed stone requires urgent care.

Interactions: Diuretics and antihypertensives.

Evidence: Supportive evidence for chanca piedra.

176. Knee Osteoarthritis

Symptoms: Knee pain, stiffness, swelling, reduced mobility.

Physical diagnosis: Joint tenderness, crepitus, ROM assessment.

Lab diagnosis: X-ray if indicated.

Herbs used (most effective): Turmeric; Boswellia; Ginger; Willow bark; Devil's claw; Capsaicin; Arnica; Green tea; Ashwagandha; Rosemary.

Active phytochemicals: Curcuminoids; boswellic acids; gingerols; salicin; harpagoside; capsaicinoids; helenalin; catechins; withanolides; rosmarinic acid.

Mechanism: NF-κB suppression, pain reduction and inflammation modulation.

Dose: Curcumin 500–1,000 mg/day; Boswellia 300–500 mg/day.

Method of use: Combined with exercise and physiotherapy.

Contraindications: Acute hot swollen joint requires evaluation.

Interactions: NSAIDs and anticoagulants.

Evidence: Moderate evidence for turmeric and Boswellia.

177. Lactose Intolerance

Symptoms: Bloating, diarrhea, cramps, gas after dairy intake.

Physical diagnosis: Dietary history assessment.

Lab diagnosis: Hydrogen breath test if needed.

Herbs used (most effective): Ginger; Peppermint; Chamomile; Fennel; Cinnamon; Lemon balm; Turmeric; Licorice DGL; Marshmallow root; Anise.

Active phytochemicals: Gingerols; menthol; apigenin; anethole; cinnamaldehyde; rosmarinic acid; curcuminoids; glycyrrhizin; mucilage.

Mechanism: Carminative, digestive support and intestinal soothing effects.

Dose: Ginger tea; Fennel tea after meals.

Method of use: Dietary lactose restriction plus symptom support.

Contraindications: Persistent diarrhea requires evaluation.

Interactions: Minimal interactions.

Evidence: Supportive digestive evidence.

178. Laryngitis

Symptoms: Hoarseness, sore throat, voice loss, throat irritation.

Physical diagnosis: ENT examination.

Lab diagnosis: Laryngoscopy if persistent.

Herbs used (most effective): Marshmallow root; Licorice DGL; Chamomile; Ginger; Sage; Thyme; Peppermint; Lemon balm; Honey-herbal mixtures; Turmeric.

Active phytochemicals: Mucilage; glycyrrhizin; apigenin; gingerols; rosmarinic acid; thymol; menthol; curcuminoids.

Mechanism: Mucosal soothing, antimicrobial and anti-inflammatory effects.

Dose: Warm herbal teas/gargles 2–4 times/day.

Method of use: Vocal rest plus supportive care.

Contraindications: Persistent hoarseness >2 weeks requires evaluation.

Interactions: Anticoagulants caution with ginger.

Evidence: Supportive traditional evidence.

179. Leg Cramps

Symptoms: Sudden painful muscle contractions, night cramps, stiffness.

Physical diagnosis: Muscle tenderness, neurologic assessment.

Lab diagnosis: Electrolytes, magnesium if recurrent.

Herbs used (most effective): Chamomile; Lavender; Peppermint; Ginger; Turmeric; Valerian; Rosemary; Holy basil; Nettle; Lemon balm.

Active phytochemicals: Apigenin; linalool; menthol; gingerols; curcuminoids; valerenic acids; rosmarinic acid; eugenol; minerals.

Mechanism: Muscle relaxation, circulation support and inflammation reduction.

Dose: Chamomile tea; Magnesium-rich nettle infusion.

Method of use: Stretching plus supportive care.

Contraindications: Sudden swelling/redness requires DVT exclusion.

Interactions: Sedatives caution.

Evidence: Supportive evidence.

180. Leukopenia (Supportive Care)

Symptoms: Frequent infections, fever, fatigue, weakness.

Physical diagnosis: Infection assessment.

Lab diagnosis: CBC with differential.

Herbs used (most effective): Echinacea; Astragalus; Garlic; Ginger; Turmeric; Elderberry; Holy basil; Ashwagandha; Green tea; Chamomile.

Active phytochemicals: Alkylamides; astragalosides; allicin; gingerols; curcuminoids; anthocyanins; eugenol; withanolides; catechins; apigenin.

Mechanism: Immune modulation, oxidative stress reduction and infection support.

Dose: Astragalus 500–1,000 mg/day; Elderberry syrup.

Method of use: Strictly adjunctive only; hematology supervision recommended.

Contraindications: Fever in severe leukopenia requires emergency care.

Interactions: Immunosuppressants.

Evidence: Limited supportive evidence only.

181. Liver Cirrhosis (Supportive Care)

Symptoms: Fatigue, jaundice, ascites, edema, abdominal discomfort, weakness.

Physical diagnosis: Hepatomegaly, ascites, jaundice, spider angiomas.

Lab diagnosis: ALT/AST, bilirubin, albumin, INR, ultrasound, FibroScan.

Herbs used (most effective): Milk thistle; Turmeric; Schisandra; Licorice; Dandelion; Artichoke; Ginger; Green tea; Rosemary; Chamomile.

Active phytochemicals: Silymarin; curcuminoids; schisandrins; glycyrrhizin; sesquiterpene lactones; cynarin; gingerols; catechins; rosmarinic acid; apigenin.

Mechanism: Hepatoprotection, oxidative stress reduction, inflammation suppression and liver support.

Dose: Milk thistle 140 mg 2–3 times/day; Curcumin 500–1,000 mg/day.

Method of use: Strictly adjunctive only with hepatology care.

Contraindications: Hepatic encephalopathy or severe ascites requires urgent medical care.

Interactions: Diuretics, anticoagulants and hepatotoxic drugs.

Evidence: Moderate supportive evidence for milk thistle.

182. Low Libido (Reduced Sexual Desire)

Symptoms: Reduced sexual interest, fatigue, poor arousal.

Physical diagnosis: Hormonal and psychological assessment.

Lab diagnosis: Testosterone/estrogen profile, thyroid function, glucose.

Herbs used (most effective): Maca; Ginseng; Ashwagandha; Tribulus; Saffron; Fenugreek; Ginger; Cinnamon; Damiana; Ginkgo.

Active phytochemicals: Macamides; ginsenosides; withanolides; protodioscin; crocin; diosgenin; gingerols; cinnamaldehyde; flavonoids; ginkgolides.

Mechanism: Hormonal modulation, nitric oxide enhancement, energy support and stress reduction.

Dose: Maca 1.5–3 g/day; Ginseng 200–400 mg/day; Ashwagandha 300–600 mg/day.

Method of use: Adjunctive sexual-health support.

Contraindications: Cardiovascular disease and hormone-sensitive disorders caution.

Interactions: PDE5 inhibitors, anticoagulants and antihypertensives.

Evidence: Moderate evidence for ginseng and maca.

183. Low Sperm Count (Male Infertility Supportive Care)

Symptoms: Infertility, low semen quality, reduced fertility.

Physical diagnosis: Genital examination.

Lab diagnosis: Semen analysis, testosterone, FSH/LH profile.

Herbs used (most effective): Ashwagandha; Maca; Fenugreek; Black seed (*Nigella sativa*); Ginseng; Ginger; Tribulus; Saffron; Moringa; Green tea.

Active phytochemicals: Withanolides; macamides; diosgenin; thymoquinone; ginsenosides; gingerols; protodioscin; crocin; flavonoids; catechins.

Mechanism: Spermatogenesis support, antioxidant effects and hormonal modulation.

Dose: Ashwagandha 300–600 mg/day; Maca 1.5–3 g/day.

Method of use: Supportive fertility care only.

Contraindications: Hormone-sensitive disorders caution.

Interactions: Fertility medications and antidiabetics.

Evidence: Moderate evidence for ashwagandha and black seed.

184. Lupus (Systemic Lupus Erythematosus – Supportive Care)

Symptoms: Fatigue, joint pain, rash, fever, organ involvement.

Physical diagnosis: Skin/joint assessment.

Lab diagnosis: ANA, dsDNA, CBC, ESR/CRP.

Herbs used (most effective): Turmeric; Ginger; Green tea; Boswellia; Chamomile; Rosemary; Holy basil; Ashwagandha (caution); Licorice; Flaxseed.

Active phytochemicals: Curcuminoids; gingerols; catechins; boswellic acids; apigenin; rosmarinic acid; eugenol; withanolides; glycyrrhizin; lignans.

Mechanism: Anti-inflammatory, antioxidant and immune-modulating effects.

Dose: Curcumin 500–1,000 mg/day; Green tea daily.

Method of use: Strictly adjunctive only with rheumatology care.

Contraindications: Active flare or nephritis requires urgent care.

Interactions: Immunosuppressants and corticosteroids.

Evidence: Limited supportive evidence only.

185. Lyme Disease (Supportive Care)

Symptoms: Fatigue, fever, joint pain, rash, neurologic symptoms.

Physical diagnosis: Rash and neurologic examination.

Lab diagnosis: Lyme serology, PCR when indicated.

Herbs used (most effective): Garlic; Turmeric; Ginger; Cat's claw; Echinacea; Green tea; Elderberry; Chamomile; Japanese knotweed; Holy basil.

Active phytochemicals: Allicin; curcuminoids; gingerols; oxindole alkaloids; alkylamides; catechins; anthocyanins; apigenin; resveratrol; eugenol.

Mechanism: Antimicrobial, inflammation reduction and immune support.

Dose: Cat's claw extract; Turmeric 500 mg/day.

Method of use: Strictly adjunctive only; antibiotics remain standard.

Contraindications: Neurologic or cardiac Lyme requires urgent care.

Interactions: Antibiotics and anticoagulants.

Evidence: Limited supportive evidence only.

186. Lymphedema

Symptoms: Limb swelling, heaviness, tightness, recurrent infections.

Physical diagnosis: Limb circumference and edema assessment.

Lab diagnosis: Doppler or lymphatic imaging if needed.

Herbs used (most effective): Gotu kola; Horse chestnut; Butcher's broom; Ginger; Turmeric; Green tea; Hawthorn; Nettle; Rosemary; Chamomile.

Active phytochemicals: Asiaticoside; aescin; ruscogenins; gingerols; curcuminoids; catechins; flavonoids; minerals; rosmarinic acid; apigenin.

Mechanism: Venotonic, microcirculatory enhancement and inflammation reduction.

Dose: Horse chestnut standardized extract; Gotu kola 300–600 mg/day.

Method of use: Compression plus adjunctive support.

Contraindications: Sudden swelling requires DVT exclusion.

Interactions: Anticoagulants caution.

Evidence: Moderate evidence for horse chestnut and gotu kola.

187. Malabsorption Syndrome

Symptoms: Weight loss, diarrhea, bloating, nutritional deficiencies.

Physical diagnosis: Nutritional assessment, abdominal examination.

Lab diagnosis: Stool fat, vitamin levels, endoscopy if indicated.

Herbs used (most effective): Ginger; Chamomile; Peppermint; Fennel; Marshmallow root; Slippery elm; Turmeric; Licorice DGL; Cinnamon; Aloe vera.

Active phytochemicals: Gingerols; apigenin; menthol; anethole; mucilage; curcuminoids; glycyrrhizin; cinnamaldehyde; acemannan.

Mechanism: Gut soothing, digestive enhancement and inflammation reduction.

Dose: Ginger tea; Chamomile tea; Marshmallow infusion.

Method of use: Nutritional and digestive supportive care only.

Contraindications: Severe weight loss requires urgent evaluation.

Interactions: Drug absorption alteration possible.

Evidence: Supportive GI evidence.

188. Mastitis (Supportive Care)

Symptoms: Breast pain, redness, swelling, fever.

Physical diagnosis: Breast examination.

Lab diagnosis: Culture if recurrent.

Herbs used (most effective): Calendula; Chamomile; Garlic; Turmeric; Ginger; Aloe vera; Fenugreek; Lavender; Echinacea; Cabbage leaf adjunct.

Active phytochemicals: Triterpenoids; apigenin; allicin; curcuminoids; gingerols; acemannan; diosgenin; linalool; alkylamides; sulfur compounds.

Mechanism: Anti-inflammatory, antimicrobial and pain-relieving effects.

Dose: Warm compresses; topical calendula; ginger tea.

Method of use: Strictly adjunctive only; antibiotics may be required.

Contraindications: Abscess or high fever requires urgent care.

Interactions: Antibiotics and anticoagulants.

Evidence: Supportive evidence only.

189. Ménière Disease (Supportive Care)

Symptoms: Vertigo, tinnitus, hearing loss, ear fullness.

Physical diagnosis: Vestibular and hearing assessment.

Lab diagnosis: Audiometry, MRI if indicated.

Herbs used (most effective): Ginger; Ginkgo; Chamomile; Lemon balm; Lavender; Peppermint; Rosemary; Green tea; Turmeric; Holy basil.

Active phytochemicals: Gingerols; ginkgolides; apigenin; rosmarinic acid; linalool; menthol; catechins; curcuminoids; eugenol.

Mechanism: Microcirculatory enhancement, nausea reduction and vestibular calming.

Dose: Ginger tea; Ginkgo 120–240 mg/day.

Method of use: Adjunctive symptom support only.

Contraindications: Sudden hearing loss requires urgent care.

Interactions: Anticoagulants caution with ginkgo.

Evidence: Limited supportive evidence.

190. Menopause (General Supportive Care)

Symptoms: Hot flashes, mood changes, insomnia, vaginal dryness.

Physical diagnosis: Menopausal assessment.

Lab diagnosis: Hormonal profile if needed.

Herbs used (most effective): Black cohosh; Red clover; Soy isoflavones; Sage; Flaxseed; Evening primrose oil; Chamomile; Lavender; Ashwagandha; Licorice.

Active phytochemicals: Triterpene glycosides; isoflavones; rosmarinic acid; lignans; gamma-linolenic acid; apigenin; linalool; withanolides; glycyrrhizin.

Mechanism: Phytoestrogenic, anxiolytic and sleep-supportive effects.

Dose: Black cohosh standardized extract; Flaxseed 1–2 tbsp/day.

Method of use: Menopausal supportive care.

Contraindications: Hormone-sensitive cancers caution.

Interactions: Hormonal therapies.

Evidence: Moderate evidence for black cohosh and flaxseed.

191. Menstrual Irregularities

Symptoms: Irregular cycles, missed periods, heavy/light bleeding, pelvic discomfort.

Physical diagnosis: Gynecologic examination, menstrual history assessment.

Lab diagnosis: Hormonal profile (FSH/LH, prolactin, thyroid), pelvic ultrasound.

Herbs used (most effective): Chasteberry; Ginger; Cinnamon; Fennel; Raspberry leaf; Dong quai; Chamomile; Turmeric; Black cohosh; Evening primrose oil.

Active phytochemicals: Flavonoids; gingerols; cinnamaldehyde; anethole; tannins; ferulic acid; apigenin; curcuminoids; triterpene glycosides; gamma-linolenic acid.

Mechanism: Hormonal modulation, prostaglandin reduction, uterine support and inflammation reduction.

Dose: Chasteberry 20–40 mg/day; Ginger 250–500 mg/day; Cinnamon tea.

Method of use: Supportive reproductive care only.

Contraindications: Pregnancy and hormone-sensitive disorders caution.

Interactions: Hormonal therapies and anticoagulants.

Evidence: Moderate evidence for chasteberry and ginger.

192. Migraine

Symptoms: Severe headache, nausea, photophobia, aura, vomiting.

Physical diagnosis: Neurologic examination, headache assessment.

Lab diagnosis: MRI/CT if red flags present.

Herbs used (most effective): Feverfew; Butterbur (PA-free); Ginger; Peppermint; Lavender; Chamomile; Rosemary; Lemon balm; Turmeric; Green tea (limited caffeine).

Active phytochemicals: Parthenolide; petasins; gingerols; menthol; linalool; apigenin; rosmarinic acid; curcuminoids; catechins.

Mechanism: Neuroinflammation reduction, vascular modulation and nausea control.

Dose: Feverfew standardized extract; Butterbur PA-free 50–75 mg BID; Ginger tea.

Method of use: Preventive and supportive migraine care.

Contraindications: Sudden severe headache requires urgent evaluation.

Interactions: Anticoagulants and migraine medications.

Evidence: Moderate evidence for feverfew and butterbur.

193. Mild Cognitive Impairment (MCI)

Symptoms: Mild memory loss, forgetfulness, reduced concentration.

Physical diagnosis: Cognitive assessment.

Lab diagnosis: B12, thyroid profile, neuroimaging if indicated.

Herbs used (most effective): Ginkgo; Bacopa; Sage; Rosemary; Turmeric; Green tea; Saffron; Ashwagandha; Lemon balm; Lavender.

Active phytochemicals: Ginkgolides; bacosides; rosmarinic acid; curcuminoids; catechins; crocin; withanolides; linalool; apigenin.

Mechanism: Neuroprotection, cerebral circulation enhancement and oxidative stress reduction.

Dose: Ginkgo 120–240 mg/day; Bacopa 300 mg/day.

Method of use: Cognitive supportive care only.

Contraindications: Progressive dementia requires neurologic evaluation.

Interactions: Anticoagulants and sedatives.

Evidence: Moderate evidence for ginkgo and bacopa.

194. Motion Sickness

Symptoms: Nausea, dizziness, vomiting, sweating during travel.

Physical diagnosis: Vestibular assessment.

Lab diagnosis: Usually not required.

Herbs used (most effective): Ginger; Peppermint; Chamomile; Lemon balm; Lavender; Fennel; Green tea; Rosemary; Holy basil; Licorice DGL.

Active phytochemicals: Gingerols; menthol; apigenin; rosmarinic acid; linalool; anethole; catechins; eugenol; glycyrrhizin.

Mechanism: Antiemetic, vestibular calming and digestive support.

Dose: Ginger 500–1,000 mg before travel; Peppermint tea.

Method of use: Preventive travel support.

Contraindications: Persistent vertigo requires evaluation.

Interactions: Sedatives caution.

Evidence: Strong evidence for ginger.

195. Mouth Ulcers (Aphthous Ulcers)

Symptoms: Painful oral sores, burning sensation, eating discomfort.

Physical diagnosis: Oral examination.

Lab diagnosis: Nutritional deficiencies if recurrent.

Herbs used (most effective): Chamomile; Sage; Calendula; Licorice; Aloe vera; Myrrh; Turmeric; Honey; Peppermint; Green tea.

Active phytochemicals: Apigenin; rosmarinic acid; triterpenoids; glycyrrhizin; acemannan; sesquiterpenes; curcuminoids; polyphenols; menthol; catechins.

Mechanism: Mucosal healing, antimicrobial and anti-inflammatory effects.

Dose: Chamomile mouth rinse; Aloe gel topical.

Method of use: Topical oral supportive care.

Contraindications: Persistent ulcers >2 weeks require evaluation.

Interactions: Minimal topical interactions.

Evidence: Moderate supportive evidence for chamomile.

196. Multiple Sclerosis (Supportive Care)

Symptoms: Fatigue, weakness, sensory symptoms, balance difficulty.

Physical diagnosis: Neurologic examination.

Lab diagnosis: MRI brain/spine, CSF analysis.

Herbs used (most effective): Turmeric; Green tea; Ginger; Boswellia; Ashwagandha; Chamomile; Holy basil; Rosemary; Flaxseed; Ginkgo.

Active phytochemicals: Curcuminoids; catechins; gingerols; boswellic acids; withanolides; apigenin; eugenol; rosmarinic acid; lignans; ginkgolides.

Mechanism: Neuroprotection, oxidative stress reduction and inflammation modulation.

Dose: Curcumin 500–1,000 mg/day; Green tea daily.

Method of use: Strictly adjunctive only with neurology care.

Contraindications: Acute neurologic worsening requires urgent care.

Interactions: Immunomodulators and anticoagulants.

Evidence: Limited supportive evidence only.

197. Muscle Spasm

Symptoms: Sudden painful muscle tightening, stiffness, discomfort.

Physical diagnosis: Muscle tenderness, ROM examination.

Lab diagnosis: Electrolytes if recurrent.

Herbs used (most effective): Chamomile; Lavender; Peppermint; Ginger; Turmeric; Valerian; Rosemary; Holy basil; Nettle; Lemon balm.

Active phytochemicals: Apigenin; linalool; menthol; gingerols; curcuminoids; valerenic acids; rosmarinic acid; eugenol; minerals.

Mechanism: Muscle relaxation, circulation support and inflammation reduction.

Dose: Chamomile tea; Magnesium-rich nettle infusion.

Method of use: Stretching plus supportive care.

Contraindications: Trauma or neurologic deficit requires evaluation.

Interactions: Sedatives caution.

Evidence: Supportive evidence.

198. Muscle Weakness (Supportive Care)

Symptoms: Reduced strength, fatigue, poor endurance.

Physical diagnosis: Neurologic and muscular examination.

Lab diagnosis: Electrolytes, thyroid profile, CK if indicated.

Herbs used (most effective): Ashwagandha; Ginseng; Ginger; Turmeric; Green tea; Rosemary; Holy basil; Maca; Chamomile; Moringa.

Active phytochemicals: Withanolides; ginsenosides; gingerols; curcuminoids; catechins; rosmarinic acid; eugenol; macamides; apigenin; flavonoids.

Mechanism: Energy enhancement, oxidative stress reduction and muscular support.

Dose: Ashwagandha 300–600 mg/day; Ginseng 200–400 mg/day.

Method of use: Nutritional and physical supportive care.

Contraindications: Progressive weakness requires neurologic evaluation.

Interactions: Antidiabetics and stimulants.

Evidence: Moderate supportive evidence for ashwagandha.

199. Myasthenia Gravis (Supportive Care)

Symptoms: Muscle fatigue, drooping eyelids, weakness, swallowing difficulty.

Physical diagnosis: Neurologic examination.

Lab diagnosis: AChR antibodies, EMG.

Herbs used (most effective): Turmeric; Ginger; Green tea; Boswellia; Chamomile; Rosemary; Holy basil; Ashwagandha (caution); Licorice; Flaxseed.

Active phytochemicals: Curcuminoids; gingerols; catechins; boswellic acids; apigenin; rosmarinic acid; eugenol; withanolides; glycyrrhizin; lignans.

Mechanism: Oxidative stress reduction, inflammation modulation and neuromuscular support.

Dose: Curcumin 500 mg/day; Ginger tea.

Method of use: Strictly adjunctive only with neurology supervision.

Contraindications: Respiratory weakness requires emergency care.

Interactions: Immunosuppressants and cholinesterase inhibitors.

Evidence: Limited supportive evidence only.

200. Myocardial Infarction (Post-MI Supportive Care)

Symptoms: Chest pain, dyspnea, fatigue, weakness during recovery.

Physical diagnosis: Cardiovascular examination, BP and pulse monitoring.

Lab diagnosis: ECG, echocardiography, lipid profile, troponin history.

Herbs used (most effective): Hawthorn; Garlic; Green tea; Hibiscus; Flaxseed; Turmeric; Ginger; Olive leaf; Pomegranate; Cocoa flavanols.

Active phytochemicals: Procyanidins; allicin; catechins; anthocyanins; lignans; curcuminoids; gingerols; oleuropein; punicalagins; flavanols.

Mechanism: Endothelial support, lipid lowering, antioxidant activity, microcirculatory improvement and cardioprotective effects during post-MI recovery.

Dose: Hawthorn standardized extract per label (commonly 160–900 mg/day depending formulation); Garlic extract 600–1,200 mg/day; Flaxseed 1–2 tablespoons/day; Green tea 1–2

cups/day; Hibiscus tea 1–2 cups/day; Curcumin 500–1,000 mg/day; Ginger extract 250–500 mg/day; Olive leaf extract per label; Pomegranate juice/extract daily in moderation.

Method of use: Strictly adjunctive only during cardiology-supervised recovery and always alongside standard post-MI therapy (e.g., antiplatelets, statins, beta-blockers and cardiac rehabilitation). Combine with Mediterranean-style diet, smoking cessation and supervised physical activity.

Contraindications: Acute chest pain, worsening dyspnea, arrhythmia, hypotension or recurrent ischemic symptoms requires emergency medical care. Avoid unsupervised herbal use immediately after acute MI or during unstable cardiovascular status.

Interactions: Garlic, ginger, turmeric and pomegranate may increase bleeding risk with anticoagulants/antiplatelets; hawthorn may potentiate antihypertensives, nitrates or digoxin-like cardiac medications; green tea may interact with warfarin in high amounts; olive leaf may enhance antihypertensive effects.

Evidence: Moderate supportive evidence for hawthorn and flaxseed in cardiovascular rehabilitation and endothelial support; supportive evidence for garlic, green tea, hibiscus and pomegranate in cardiometabolic risk reduction and vascular protection.

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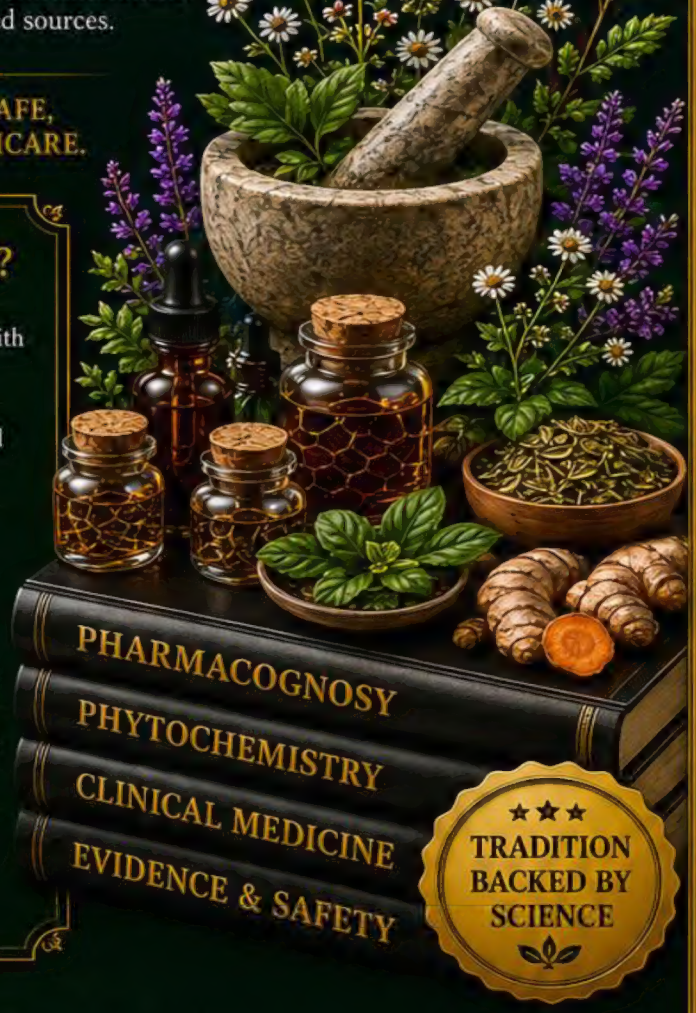

Prof. Dr. Omar M. Sabry

- Professor of Pharmacognosy and Natural Products Chemistry
- College of Pharmacy - Oregon State University – USA
- Vice Dean of Graduate Studies and Research Affairs
- Prof. of Pharmacognosy and Natural Products Chemistry
- Pharmacognosy Department - College of Pharmacy
- Heliopolis University
- Cairo - Egypt
- Cell. Phone: +20111488672
- Email: omar.sabry@cu.edu.eg
  omar.sabry@hu.edu.eg

ISBN 978-1-963245-00-1

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